

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS

Case number (if known)

Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this an amended filing

Official Form 101

**Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself**

**About Debtor 1:**

**1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

**David**

First name

Middle name

**PazCaballero**

Last name and Suffix (Sr., Jr., II, III)

**About Debtor 2 (Spouse Only in a Joint Case):**

**Rosa**

First name

**Maria**

Middle name

**PazCaballero**

Last name and Suffix (Sr., Jr., II, III)

**2. All other names you have used in the last 8 years**

Include your married or maiden names.

**Rosa Maria Barrera  
Rosa M Barrera**

**3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)**

**xxx-xx-9238**

**xxx-xx-5670**

Debtor 1 **David PazCaballero**  
Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

**About Debtor 1:**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

Include trade names and *doing business as* names

I have not used any business name or EINs.

Business name(s) \_\_\_\_\_

EINs \_\_\_\_\_

**About Debtor 2 (Spouse Only in a Joint Case):**

I have not used any business name or EINs.

Business name(s) \_\_\_\_\_

EINs \_\_\_\_\_

**5. Where you live**

**17W726 Butterfield Road  
Apt 218**

**Oakbrook Terrace, IL 60181**

Number, Street, City, State & ZIP Code

**DuPage**

County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**If Debtor 2 lives at a different address:**

Number, Street, City, State & ZIP Code

County

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

**Check one:**

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

**Check one:**

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **David PazCaballero**  
Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

**Part 2: Tell the Court About Your Bankruptcy Case**

**7. The chapter of the Bankruptcy Code you are choosing to file under** *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

**8. How you will pay the fee**  **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.  
 **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).  
 **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

**9. Have you filed for bankruptcy within the last 8 years?**

No.  
 Yes.

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_

**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

No  
 Yes.

Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

**11. Do you rent your residence?**

No. Go to line 12.  
 Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?  
 No. Go to line 12.  
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

No. Go to Part 4.

Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

**PazCaballero Services**

Name of business, if any

**17W726 Butterfield Road**

**Apt 218**

**Oakbrook Terrace, IL 60181**

Number, Street, City, State & ZIP Code

*Check the appropriate box to describe your business:*

Health Care Business (as defined in 11 U.S.C. § 101(27A))  
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
 Stockbroker (as defined in 11 U.S.C. § 101(53A))  
 Commodity Broker (as defined in 11 U.S.C. § 101(6))  
 None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a *small business debtor*?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines.* If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No.

Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 **David PazCaballero**  
 Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

**I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

**I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

**I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

**I am not required to receive a briefing about credit counseling because of:**

**Incapacity.**

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.**

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.**

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

**I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

**I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

**I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

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**I am not required to receive a briefing about credit counseling because of:**

**Incapacity.**

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.**

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.**

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **David PazCaballero**  
 Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

**Part 6: Answer These Questions for Reporting Purposes**

16. What kind of debts do you have?	16a. <b>Are your debts primarily consumer debts?</b> Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."		
	<input type="checkbox"/> No. Go to line 16b.		
	<input checked="" type="checkbox"/> Yes. Go to line 17.		
16b.	<b>Are your debts primarily business debts?</b> Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.		
	<input type="checkbox"/> No. Go to line 16c.		
	<input type="checkbox"/> Yes. Go to line 17.		
16c.	State the type of debts you owe that are not consumer debts or business debts <hr/>		
17. Are you filing under Chapter 7?	<input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.		
<b>Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?</b>	<input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
18. How many Creditors do you estimate that you owe?	<input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input checked="" type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
19. How much do you estimate your assets to be worth?	<input checked="" type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

**Part 7: Sign Below**

For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**/s/ David PazCaballero**

**David PazCaballero**

Signature of Debtor 1

**/s/ Rosa Maria PazCaballero**

**Rosa Maria PazCaballero**

Signature of Debtor 2

Executed on April 7, 2017  
 MM / DD / YYYY

Executed on April 7, 2017  
 MM / DD / YYYY

Debtor 1 **David PazCaballero**  
Debtor 2 **Rosa Maria PazCaballero**

Case number *(if known)*

**For your attorney, if you are represented by one**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**/s/ Orlando Velazquez**

Signature of Attorney for Debtor

Date

**April 7, 2017**

MM / DD / YYYY

**Orlando Velazquez**

Printed name

**Sulaiman Law Group, Ltd.**

Firm name

**900 Jorie Boulevard**

**Suite 150**

**Oak Brook, IL 60523**

Number, Street, City, State & ZIP Code

Contact phone

**630-575-8181**

Email address

**courtinfo@sulaimanlaw.com**

**6210326**

Bar number & State

Fill in this information to identify your case:

Debtor 1	<b>David PazCaballero</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Rosa Maria PazCaballero</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u>			
Case number (if known) _____			

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

		<b>Your assets</b> Value of what you own
1.	<b>Schedule A/B: Property</b> (Official Form 106A/B)	\$ <b>0.00</b>
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ <b>0.00</b>
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ <b>35,343.31</b>
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ <b>35,343.31</b>

#### Part 2: Summarize Your Liabilities

		<b>Your liabilities</b> Amount you owe
2.	<b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	\$ <b>32,748.00</b>
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ <b>32,748.00</b>
3.	<b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	\$ <b>2,964.72</b>
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ <b>2,964.72</b>
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$ <b>340,703.26</b>
		<b>Your total liabilities</b> \$ <b>376,415.98</b>

#### Part 3: Summarize Your Income and Expenses

4.	<b>Schedule I: Your Income</b> (Official Form 106I)	\$ <b>6,420.06</b>
	Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ <b>6,420.06</b>
5.	<b>Schedule J: Your Expenses</b> (Official Form 106J)	\$ <b>6,718.75</b>
	Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ <b>6,718.75</b>

#### Part 4: Answer These Questions for Administrative and Statistical Records

- Are you filing for bankruptcy under Chapters 7, 11, or 13?
 

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes
- What kind of debt do you have?
 

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **David PazCaballero**  
Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$	<b>6,730.41</b>
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9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <b>0.00</b>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <b>2,964.72</b>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <b>0.00</b>
9d. Student loans. (Copy line 6f.)	\$ <b>133,473.67</b>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <b>0.00</b>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <b>0.00</b>
<b>9g. Total.</b> Add lines 9a through 9f.	\$ <b>136,438.39</b>

Fill in this information to identify your case and this filing:

Debtor 1	<b>David PazCaballero</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Rosa Maria PazCaballero</b>		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF ILLINOIS</b>			
Case number			<input type="checkbox"/> Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.  
 Yes. Where is the property?

#### Part 2: Describe Your Vehicles

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

##### 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No  
 Yes

3.1 Make: **Chevrolet**  
 Model: **Malibu Limited LT**  
 Year: **2016**  
 Approximate mileage: **25,868**  
 Other information:  
**Value according to www.nada.com**

##### Who has an interest in the property? Check one

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property?** **Current value of the portion you own?**

**\$17,050.00** **\$17,050.00**

3.2 Make: **Chevrolet**  
 Model: **Avalanche Crew Cab 1500**  
 Year: **2006**  
 Approximate mileage: **180,430**  
 Other information:  
**Value according to www.nada.com**

##### Who has an interest in the property? Check one

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property?** **Current value of the portion you own?**

**\$8,275.00** **\$8,275.00**

Debtor 1 **David PazCaballero**  
Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

3.3 Make: **Harley Davidson**

Who has an interest in the property? Check one

Model: **XL1200** Debtor 1 onlyYear: **1995** Debtor 2 only

Approximate mileage: \_\_\_\_\_

 Debtor 1 and Debtor 2 only

Other information: \_\_\_\_\_

 At least one of the debtors and another**Value according to  
www.nada.com** Check if this is community property  
(see instructions)Do not deduct secured claims or exemptions. Put  
the amount of any secured claims on Schedule D:  
*Creditors Who Have Claims Secured by Property.*Current value of the  
entire property?Current value of the  
portion you own?**\$1,500.00****\$1,500.00**3.4 Make: **Cadillac**

Who has an interest in the property? Check one

Model: **Deville** Debtor 1 onlyYear: **1997** Debtor 2 only

Approximate mileage: \_\_\_\_\_

 Debtor 1 and Debtor 2 only

Other information: \_\_\_\_\_

 At least one of the debtors and another**Inoperable** Check if this is community property  
(see instructions)Do not deduct secured claims or exemptions. Put  
the amount of any secured claims on Schedule D:  
*Creditors Who Have Claims Secured by Property.*Current value of the  
entire property?Current value of the  
portion you own?**\$200.00****\$200.00****4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No  
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for  
pages you have attached for Part 2. Write that number here.....=> **\$27,025.00****Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the  
portion you own?  
Do not deduct secured  
claims or exemptions.**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

No  
 Yes. Describe.....

**Miscellaneous Household Goods, Furnishings, and Appliances****\$1,975.00****7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No  
 Yes. Describe.....

**Electronics****\$585.00****8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No  
 Yes. Describe.....

**Collectibles of Value: Precious Moments, Oil Paintings, Books,  
Pictures, and Coins****\$460.00**

Debtor 1 **David PazCaballero**

Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe.....

**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe.....

**Smith and Wesson**

**\$100.00**

**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe.....

**Used Necessary Wearing Apparel, Shoes and Accessories**

**\$500.00**

**12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe.....

**Wedding Rings, Rings, Watches, Earrings, Necklaces, Bracelets, Pendants, and Costume Jewelry**

**\$2,620.01**

**13. Non-farm animals**

Examples: Dogs, cats, birds, horses

No

Yes. Describe.....

**One Family Dog**

**\$0.00**

**14. Any other personal and household items you did not already list, including any health aids you did not list**

No

Yes. Give specific information.....

**Walker, Canem Knee Walker, Ankle Brace, and Air Cast**

**\$100.00**

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....**

**\$6,340.01**

**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the

portion you own?

Do not deduct secured

claims or exemptions.

**16. Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No

Yes.....

Debtor 1 **David PazCaballero**Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

**17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

 No Yes.....

Institution name:

17.1. Checking	USAA Bank - 5921	\$13.75
17.2. Checking	USAA Bank - 2845	\$7.00
17.3. Checking	USAA Bank - 6913	\$11.00
17.4. Checking	USAA Bank - 5349	\$469.34
17.5. Checking	USAA Bank - 4754	\$220.80
17.6. Checking	USAA Bank - 8795	\$1.00
17.7. Checking	USAA Bank - 2874	\$0.30
17.8. Checking	USAA Bank - 5272	\$21.01
17.9. Savings	USAA Bank - 1237	\$1.71
17.10 . Savings	USAA Bank - 5535	\$1.00
17.11 . Checking	USAA Bank - 2853	\$7.11
17.12 . Checking	USAA Bank - 6921	\$53.75
17.13 . Savings	USAA Bank - 2845	\$7.00
17.14 . Savings	USAA Bank - 6913	\$1.00
17.15 . Checking	Chase Bank - 2578	\$41.96

Debtor 1 **David PazCaballero**  
 Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

**18. Bonds, mutual funds, or publicly traded stocks**

*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

No

Yes.....

Institution or issuer name:

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

No

Yes. Give specific information about them.....

Name of entity:

% of ownership:

**PazCaballero Services**

**100**

**\$0.00**

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.

*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

No

Yes. Give specific information about them

Issuer name:

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each account separately.

Type of account:

Institution name:

**IRA**

**USAA**

**\$41.72**

**IRA**

**Vanguard**

**\$78.85**

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes. ....

Institution name or individual:

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

No

Yes.....

Issuer name and description.

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes.....

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

No

Yes. Give specific information about them...

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them...

**27. Licenses, franchises, and other general intangibles**

*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them...

**Money or property owed to you?**

**Current value of the portion you own?**

Debtor 1 **David PazCaballero**  
Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

Do not deduct secured  
claims or exemptions.

**28. Tax refunds owed to you**

No  
 Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No  
 Yes. Give specific information.....

**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No  
 Yes. Give specific information..

**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No  
 Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund  
value:

Prudential Life Insurance

Husband and children

\$0.00

Prudential Life Insurance in name of  
one child- cash value of \$164.78,  
Debtors are the beneficiaries

\$0.00

Prudential Life Insurance in name of  
one child- cash value of \$196.00,  
Debtors are the beneficiaries

\$0.00

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No  
 Yes. Give specific information..

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No  
 Yes. Describe each claim.....

Possible claim against FMS Financial Solutions

Unknown

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

No  
 Yes. Describe each claim.....

**35. Any financial assets you did not already list**

No  
 Yes. Give specific information..

Debtor 1 **David PazCaballero**

Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

**\$978.30**

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

Yes. Go to line 38.

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

No

Yes. Describe.....

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

No

Yes. Describe.....

**Workstation with two monitors, scanner, laser printer, lock box, file cabinet, Ipad, measuring tape, paper, pens, pencils, post it, calendar**

**\$1,000.00**

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

No

Yes. Describe.....

41. Inventory

No

Yes. Describe.....

42. Interests in partnerships or joint ventures

No

Yes. Give specific information about them.....

Name of entity:

% of ownership:

43. Customer lists, mailing lists, or other compilations

No.

Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

No

Yes. Describe.....

44. Any business-related property you did not already list

No

Yes. Give specific information.....

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....

**\$1,000.00**

Debtor 1 **David PazCaballero**

Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

No. Go to Part 7.  
 Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

**53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

No  
 Yes. Give specific information.....

**54. Add the dollar value of all of your entries from Part 7. Write that number here .....**

**\$0.00**

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2 .....	<b>\$0.00</b>
56. Part 2: Total vehicles, line 5	<b>\$27,025.00</b>
57. Part 3: Total personal and household items, line 15	<b>\$6,340.01</b>
58. Part 4: Total financial assets, line 36	<b>\$978.30</b>
59. Part 5: Total business-related property, line 45	<b>\$1,000.00</b>
60. Part 6: Total farm- and fishing-related property, line 52	<b>\$0.00</b>
61. Part 7: Total other property not listed, line 54	<b>\$0.00</b>
62. Total personal property. Add lines 56 through 61...	<b>\$35,343.31</b>
	Copy personal property total
63. Total of all property on Schedule A/B. Add line 55 + line 62	<b>\$35,343.31</b>

Fill in this information to identify your case:

Debtor 1	<b>David PazCaballero</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Rosa Maria PazCaballero</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u>			
Case number (if known) _____			

Check if this is an amended filing

**Official Form 106C****Schedule C: The Property You Claim as Exempt**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt****1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.**

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

**2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.**

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	<i>Check only one box for each exemption.</i>	
<b>2006 Chevrolet Avalanche Crew Cab 1500 180,430 miles Value according to www.nada.com Line from <i>Schedule A/B</i>: 3.2</b>	<b>\$8,275.00</b>	<input checked="" type="checkbox"/> <b>\$4,800.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1001(c)</b>
<b>2006 Chevrolet Avalanche Crew Cab 1500 180,430 miles Value according to www.nada.com Line from <i>Schedule A/B</i>: 3.2</b>	<b>\$8,275.00</b>	<input checked="" type="checkbox"/> <b>\$2,000.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1001(b)</b>
<b>1995 Harley Davidson XL1200 Value according to www.nada.com Line from <i>Schedule A/B</i>: 3.3</b>	<b>\$1,500.00</b>	<input checked="" type="checkbox"/> <b>\$1,000.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1001(b)</b>
<b>Miscellaneous Household Goods, Furnishings, and Appliances Line from <i>Schedule A/B</i>: 6.1</b>	<b>\$1,975.00</b>	<input checked="" type="checkbox"/> <b>\$962.26</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1001(b)</b>
<b>Collectibles of Value: Precious Moments, Oil Paintings, Books, Pictures, and Coins Line from <i>Schedule A/B</i>: 8.1</b>	<b>\$460.00</b>	<input checked="" type="checkbox"/> <b>\$460.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1001(b)</b>

Debtor 1 **David PazCaballero**  
Debtor 2 **Rosa Maria PazCaballero**

Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
<b>Smith and Wesson</b> Line from Schedule A/B: 10.1	<u>\$100.00</u>	<input checked="" type="checkbox"/> <b>\$100.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1001(b)</b>
<b>Used Necessary Wearing Apparel, Shoes and Accessories</b> Line from Schedule A/B: 11.1	<u>\$500.00</u>	<input checked="" type="checkbox"/> <b>\$500.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1001(a)</b>
<b>Wedding Rings, Rings, Watches, Earrings, Necklaces, Bracelets, Pendants, and Costume Jewelry</b> Line from Schedule A/B: 12.1	<u>\$2,620.01</u>	<input checked="" type="checkbox"/> <b>\$2,620.01</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1001(b)</b>
<b>Checking: USAA Bank - 5921</b> Line from Schedule A/B: 17.1	<u>\$13.75</u>	<input checked="" type="checkbox"/> <b>\$13.75</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1001(b)</b>
<b>Checking: USAA Bank - 2845</b> Line from Schedule A/B: 17.2	<u>\$7.00</u>	<input checked="" type="checkbox"/> <b>\$7.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1001(b)</b>
<b>Checking: USAA Bank - 6913</b> Line from Schedule A/B: 17.3	<u>\$11.00</u>	<input checked="" type="checkbox"/> <b>\$11.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1001(b)</b>
<b>Checking: USAA Bank - 5349</b> Line from Schedule A/B: 17.4	<u>\$469.34</u>	<input checked="" type="checkbox"/> <b>\$469.34</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1001(b)</b>
<b>Checking: USAA Bank - 4754</b> Line from Schedule A/B: 17.5	<u>\$220.80</u>	<input checked="" type="checkbox"/> <b>\$220.80</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1001(b)</b>
<b>Checking: USAA Bank - 8795</b> Line from Schedule A/B: 17.6	<u>\$1.00</u>	<input checked="" type="checkbox"/> <b>\$1.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1001(b)</b>
<b>Checking: USAA Bank - 2874</b> Line from Schedule A/B: 17.7	<u>\$0.30</u>	<input checked="" type="checkbox"/> <b>\$0.30</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1001(b)</b>
<b>Checking: USAA Bank - 5272</b> Line from Schedule A/B: 17.8	<u>\$21.01</u>	<input checked="" type="checkbox"/> <b>\$21.01</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1001(b)</b>

Debtor 1 **David PazCaballero**  
Debtor 2 **Rosa Maria PazCaballero**

Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
<b>Savings: USAA Bank - 1237</b> Line from Schedule A/B: 17.9	<u>\$1.71</u>	<input checked="" type="checkbox"/> <b>\$1.71</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1001(b)</b>
<b>Savings: USAA Bank - 5535</b> Line from Schedule A/B: 17.10	<u>\$1.00</u>	<input checked="" type="checkbox"/> <b>\$1.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1001(b)</b>
<b>Checking: USAA Bank - 2853</b> Line from Schedule A/B: 17.11	<u>\$7.11</u>	<input checked="" type="checkbox"/> <b>\$7.11</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1001(b)</b>
<b>Checking: USAA Bank - 6921</b> Line from Schedule A/B: 17.12	<u>\$53.75</u>	<input checked="" type="checkbox"/> <b>\$53.75</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1001(b)</b>
<b>Savings: USAA Bank - 2845</b> Line from Schedule A/B: 17.13	<u>\$7.00</u>	<input checked="" type="checkbox"/> <b>\$7.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1001(b)</b>
<b>Savings: USAA Bank - 6913</b> Line from Schedule A/B: 17.14	<u>\$1.00</u>	<input checked="" type="checkbox"/> <b>\$1.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1001(b)</b>
<b>Checking: Chase Bank - 2578</b> Line from Schedule A/B: 17.15	<u>\$41.96</u>	<input checked="" type="checkbox"/> <b>\$41.96</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1001(b)</b>
<b>IRA: USAA</b> Line from Schedule A/B: 21.1	<u>\$41.72</u>	<input checked="" type="checkbox"/> <b>100%</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1006</b>
<b>IRA: Vanguard</b> Line from Schedule A/B: 21.2	<u>\$78.85</u>	<input checked="" type="checkbox"/> <b>100%</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1006</b>
<b>Workstation with two monitors, scanner, laser printer, lock box, file cabinet, Ipad, measuring tape, paper, pens, pencils, post it, calendar</b> Line from Schedule A/B: 39.1	<u>\$1,000.00</u>	<input checked="" type="checkbox"/> <b>\$1,000.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1001(d)</b>

## 3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

 No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

Fill in this information to identify your case:

Debtor 1	<b>David PazCaballero</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Rosa Maria PazCaballero</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF ILLINOIS</b>			
Case number (if known) _____			

Check if this is an amended filing

## Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

#### 1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

#### Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1	<b>AmeriCredit/GM Financial</b> Creditor's Name	Describe the property that secures the claim: <b>2016 Chevrolet Malibu Limited LT 25,868 miles Value according to www.nada.com</b>	<b>\$29,792.00</b>	<b>\$17,050.00</b>
	<b>PO Box 183853 Arlington, TX 76096</b> Number, Street, City, State & Zip Code	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$12,742.00</b>	

**Who owes the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

**Opened**  
**2/03/16**  
**Last Active**  
**3/02/17**

Date debt was incurred

**Last 4 digits of account number** **0132**

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.2	<b>Futre Financ</b> Creditor's Name	Describe the property that secures the claim: <b>2006 Chevrolet Avalanche Crew Cab 1500 180,430 miles Value according to www.nada.com</b>	<b>\$956.00</b>	<b>\$8,275.00</b>

**15859 S Ridgeland  
Oak Forest, IL 60452**  
Number, Street, City, State & Zip Code

**Who owes the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

**As of the date you file, the claim is:** Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

**Nature of lien.** Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Debtor 1 **David PazCaballero**

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

Debtor 2 **Rosa Maria PazCaballero**

First Name Middle Name Last Name

Check if this claim relates to a community debt

Other (including a right to offset) \_\_\_\_\_

**Opened**

**5/04/13**

**Last Active**

**2/24/17**

Last 4 digits of account number **2125**

**2.3 Garcia Auto Repair**

Creditor's Name

Describe the property that secures the claim:

**\$2,000.00**

**\$200.00**

**\$1,800.00**

**1997 Cadillac Deville  
Inoperable**

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Nature of lien.** Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) **Mechanic's Lien**

**Who owes the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Add the dollar value of your entries in Column A on this page. Write that number here: **\$32,748.00**

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: **\$32,748.00**

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.



Name, Number, Street, City, State & Zip Code  
**AmeriCredit/GM Financial**  
**PO Box 181145**  
**Arlington, TX 76096**

On which line in Part 1 did you enter the creditor? **2.1**

Last 4 digits of account number \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<b>David PazCaballero</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Rosa Maria PazCaballero</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.  
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount		
2.1	<b>Department of the Treasury</b> Priority Creditor's Name <b>Internal Revenue Service</b> <b>P.O. Box 7346</b> <b>Philadelphia, PA 19101-7346</b> Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
		When was the debt incurred?			
	As of the date you file, the claim is: Check all that apply				
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify <b>Notice Only</b>				
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 **David PazCaballero**  
 Debtor 2 **Rosa Maria PazCaballero**

Case number (if known)

2.2	<b>Illinois Department of Revenue</b> Priority Creditor's Name <b>Bankruptcy Section</b> <b>PO Box 64338</b> <b>Chicago, IL 60664-0338</b> Number Street City State Zip Code	Last 4 digits of account number	<b>\$2,964.72</b>	\$0.00	<b>\$2,964.72</b>
		When was the debt incurred?			
		As of the date you file, the claim is: Check all that apply			
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
		Type of PRIORITY unsecured claim:			
		<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify <b>Notice Only</b>			
		Who incurred the debt? Check one.			
		<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
		<b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes.

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim		
4.1	<b>Abode Systems Incorporated</b> Nonpriority Creditor's Name <b>75 Remittance Drive, Suite 1025</b> <b>Chicago, IL 60675-1025</b> Number Street City State Zip Code	Last 4 digits of account number	<b>\$15.49</b>	
		When was the debt incurred?		
		As of the date you file, the claim is: Check all that apply		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
		Type of NONPRIORITY unsecured claim:		
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Business</b>		
		Who incurred the debt? Check one.		
		<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
		<b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 **David PazCaballero**  
 Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.2	<b>Account Control Technology, Inc.</b> Nonpriority Creditor's Name <b>5531 Business Park South                  Suite 100 Dept. 1635041-18C                  Bakersfield, CA 93389-1750</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$56,812.68</b>
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Collections</b> <input type="checkbox"/> Yes			
<b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Other. Specify <b>Collections</b>			
<hr/>			
4.3	<b>Afni</b> Nonpriority Creditor's Name <b>P.O. Box 3517                  Bloomington, IL 61702</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$629.41</b>
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Collection</b> <input type="checkbox"/> Yes			
<b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Other. Specify <b>Collection</b>			
<hr/>			
4.4	<b>Afni</b> Nonpriority Creditor's Name <b>P.O. Box 3517                  Bloomington, IL 61702</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$238.01</b>
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Collections</b> <input type="checkbox"/> Yes			
<b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Other. Specify <b>Collections</b>			

Debtor 1 **David PazCaballero**  
 Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

<p><b>4.5</b></p> <p><b>Afni</b>                  Nonpriority Creditor's Name  <b>P.O. Box 3517</b>  <b>Bloomington, IL 61702</b>                  Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> _____ <b>\$136.13</b></p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Collections</b> _____</p>
<p><b>4.6</b></p> <p><b>Afni, Inc</b>                  Nonpriority Creditor's Name  <b>1310 MLK Drive</b>  <b>PO Box 3517</b>  <b>Bloomington, IL 61702</b>                  Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> _____ <b>\$1,150.00</b></p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Collection</b> _____</p>
<p><b>4.7</b></p> <p><b>All Seasons Landscaping Inc</b>                  Nonpriority Creditor's Name  <b>2057 W. Evergreen</b>  <b>Chicago, IL 60622</b>                  Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> _____ <b>\$125.00</b></p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Services</b> _____</p>

Debtor 1 **David PazCaballero**  
 Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.8	<b>Alltran Education Inc</b> Nonpriority Creditor's Name <b>840 S Frontage Rd</b> <b>Woodridge, IL 60517</b> Number Street City State Zip Code	Last 4 digits of account number <b>3956</b>	\$1,864.00
When was the debt incurred? <b>Opened 02/15</b>			
As of the date you file, the claim is: Check all that apply			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Original Creditor: College Of Dupage</b> <input type="checkbox"/> Yes			
<b>American Profit Recovery</b> Nonpriority Creditor's Name <b>34405 W. 12 Mile Road, Suite 379</b> <b>Farmington, MI 48331</b> Number Street City State Zip Code			
Last 4 digits of account number <b>43.50</b> When was the debt incurred? As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Collections</b> <input type="checkbox"/> Yes			
<b>Armor Systems Corporation</b> Nonpriority Creditor's Name <b>1700 Kiefer Drive, Suite 1</b> <b>Zion, IL 60099</b> Number Street City State Zip Code			
Last 4 digits of account number <b>751L</b> When was the debt incurred? As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Collections</b> <input type="checkbox"/> Yes			

Debtor 1 **David PazCaballero**  
 Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.1  
**1**

<b>Athletic and Therapeutic Institute</b> Nonpriority Creditor's Name <b>4947 Payshore Circle</b> <b>Chicago, IL 60674</b>	Number Street City State Zip Code	Last 4 digits of account number <b>7154</b>	\$705.87
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical</b>			
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

4.1  
**2**

<b>Athletic and Therapeutic Institute</b> Nonpriority Creditor's Name <b>4947 Payshore Circle</b> <b>Chicago, IL 60674</b>	Number Street City State Zip Code	Last 4 digits of account number	\$952.24
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical</b>			
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

4.1  
**3**

<b>Banfield PetHospital - Corp Headquarters</b> Nonpriority Creditor's Name <b>8000 NE Tillamook</b> <b>PO Box 13998</b> <b>Portland, OR 97213</b>	Number Street City State Zip Code	Last 4 digits of account number	\$250.00
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical or Dental Services</b>			
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 **David PazCaballero**Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.1  
4**Bank Card Services**

Nonpriority Creditor's Name

**Po Box 4477****Beaverton, OR 97076-4477**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

**Check if this claim is for a community debt**

**Is the claim subject to offset?**

No

Yes

Last 4 digits of account number

**5304****\$429.33**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent

Unliquidated

Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Credit Card Purchases**4.1  
5**Capital One**

Nonpriority Creditor's Name

**Attn: General  
Correspondence/Bankruptcy  
PO Box 30285  
Salt Lake City, UT 84130**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

**Check if this claim is for a community debt**

**Is the claim subject to offset?**

No

Yes

Last 4 digits of account number

**1514****\$2,761.00**

When was the debt incurred? \_\_\_\_\_

**Opened 12/13 Last Active  
8/19/16**

As of the date you file, the claim is: Check all that apply

Contingent

Unliquidated

Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Credit Card Purchases**4.1  
6**Capital One**

Nonpriority Creditor's Name

**Attn: General  
Correspondence/Bankruptcy  
PO Box 30285  
Salt Lake City, UT 84130**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

**Check if this claim is for a community debt**

**Is the claim subject to offset?**

No

Yes

Last 4 digits of account number

**1283****\$704.00**

When was the debt incurred? \_\_\_\_\_

**Opened 12/13 Last Active  
8/11/16**

As of the date you file, the claim is: Check all that apply

Contingent

Unliquidated

Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Credit Card Purchases**

Debtor 1 **David PazCaballero**  
 Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.1 7	<b>Capital One Bank</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy Dept.</b> <b>PO Box 30285</b> <b>Salt Lake City, UT 84130</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$443.00</b>
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card Purchases</b> _____	
4.1 8	<b>Cbe Group</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>PO Box 900</b> <b>Waterloo, IA 50704</b> Number Street City State Zip Code	Last 4 digits of account number <b>4807</b>	<b>\$238.00</b>
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>When was the debt incurred?</b> <b>Opened 04/16</b>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Original Creditor: DirectTV</b> _____	
4.1 9	<b>CBE Group</b> Nonpriority Creditor's Name <b>1309 Technology Parkway</b> <b>Cedar Falls, IA 50613</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$478.01</b>
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collections</b> _____	

Debtor 1 **David PazCaballero**  
 Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.2 0	<b>CBE Group</b> Nonpriority Creditor's Name <b>1309 Technology Parkway Cedar Falls, IA 50613</b>	<b>Last 4 digits of account number</b> _____	<b>\$1,320.04</b>
<p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Original Creditor: ComEd</b></p>			
<p><b>Charter One Bank</b> Nonpriority Creditor's Name <b>10035 Grand Avenue Franklin Park, IL 60131</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Credit Card Purchases</b></p>			
<p><b>Children BOMC</b> Nonpriority Creditor's Name <b>PO Box 916400 Rantoul, IL 61866</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Services</b></p>			

Debtor 1 **David PazCaballero**

Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.2  
3

**City of Berwyn**

Nonpriority Creditor's Name

**PO Box 7723**

**Carol Stream, IL 60197**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No       Yes

Last 4 digits of account number \_\_\_\_\_

**\$200.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Municipal Fines** \_\_\_\_\_

4.2  
4

**City of Chicago**

Nonpriority Creditor's Name

**Department of Finance**

**33589 Treasury Center**

**Chicago, IL 60694**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No       Yes

Last 4 digits of account number \_\_\_\_\_

**\$7,710.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Municipal Fines** \_\_\_\_\_

4.2  
5

**City of Chicago (Traffic Violations)**

Nonpriority Creditor's Name

**121 North LaSalle Street**

**Chicago, IL 60602**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No       Yes

Last 4 digits of account number \_\_\_\_\_

**\$4,590.80**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Municipal Fines** \_\_\_\_\_

Debtor 1 **David PazCaballero**  
 Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.2  
 6

<b>City of Chicago Dept of Law</b> Nonpriority Creditor's Name <b>PO Box 82292</b> <b>Chicago, IL 60680</b>	Number Street City State Zip Code	Last 4 digits of account number <b>8950</b>	\$932.00
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Municipal Fines</b>			
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

4.2  
 7

<b>City of Rolling Meadows</b> Nonpriority Creditor's Name <b>3600 Kirchoff Road</b> <b>Rolling Meadows, IL 60008</b>	Number Street City State Zip Code	Last 4 digits of account number	\$200.00
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Municipal Fines</b>			
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

4.2  
 8

<b>Colfax Capital Corporation</b> Nonpriority Creditor's Name <b>fka Rome Finance Company, Inc.</b> <b>PO Box 1597</b> <b>Lawrenceville, GA 30046</b>	Number Street City State Zip Code	Last 4 digits of account number	\$9,154.11
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collections</b>			
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 **David PazCaballero**

Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.2  
9

**College of DuPage**

Nonpriority Creditor's Name

**Financial Affairs**

**425 Fawell Blvd.**

**Glen Ellyn, IL 60137**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$1,998.67**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

**Student Loans**

4.3  
0

**Comed**

Nonpriority Creditor's Name

**Po Box 6111**

**Carol Stream, IL 60197**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number **0204**

**\$2,134.45**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Services**

4.3  
1

**Commonwealth Edison Co**

Nonpriority Creditor's Name

**3 Lincoln Center**

**Attn: BK Section**

**Villa Park, IL 60181**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$354.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Utility Service**

Debtor 1 **David PazCaballero**

Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.3  
2

**ConServe**

Nonpriority Creditor's Name

**200 CrossKeys Office Park  
Fairport, NY 14450**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No       Debts to pension or profit-sharing plans, and other similar debts  
 Yes       Other. Specify **Collections**

Last 4 digits of account number \_\_\_\_\_

**\$3,193.24**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Collections**

4.3  
3

**Convergent Outsourcing, Inc**

Nonpriority Creditor's Name

**10750 Hammerly Blvd #200  
Houston, TX 77043**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No       Debts to pension or profit-sharing plans, and other similar debts  
 Yes       Other. Specify **Collections**

Last 4 digits of account number \_\_\_\_\_

**\$894.10**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Collections**

4.3  
4

**Credit Management, LP**

Nonpriority Creditor's Name

**4200 International Pkwy  
Carrollton, TX 75007**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No       Debts to pension or profit-sharing plans, and other similar debts  
 Yes       Other. Specify **Collections**

Last 4 digits of account number \_\_\_\_\_

**\$544.45**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Collections**

Debtor 1 **David PazCaballero**Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.3  
5**Credit One Bank Na**

Nonpriority Creditor's Name

Last 4 digits of account number

**5482****\$774.00****PO Box 98873  
Las Vegas, NV 89193**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

**Opened 08/15 Last Active  
8/11/16**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Credit Card Purchases**4.3  
6**Credit One Bank Na**

Nonpriority Creditor's Name

Last 4 digits of account number

**6267****\$658.00****PO Box 98873  
Las Vegas, NV 89193**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

**Opened 08/15 Last Active  
8/11/16**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Credit Card Purchases**4.3  
7**Dept Of Ed/Navient**

Nonpriority Creditor's Name

**Attn: Claims Dept  
P.O. Box 9635  
Wilkes Barr, PA 18773**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**0401****\$56,005.00**

When was the debt incurred?

**Opened 04/11 Last Active  
3/31/17**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Student Loans**

Debtor 1 **David PazCaballero**Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.3  
8**Dept Of Ed/Navient**

Nonpriority Creditor's Name

**Attn: Claims Dept****P.O. Box 9635****Wilkes Barr, PA 18773**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?  
 No  
 Yes

Last 4 digits of account number

**0601****\$6,245.00****Opened 06/12 Last Active 3/31/17**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:  
 Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

**Student Loans**4.3  
9**Dept Of Ed/Navient**

Nonpriority Creditor's Name

**Attn: Claims Dept****P.O. Box 9635****Wilkes Barr, PA 18773**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?  
 No  
 Yes

Last 4 digits of account number

**0822****\$5,580.00****Opened 08/12 Last Active 3/31/17**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:  
 Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

**Student Loans**4.4  
0**Dept Of Ed/Navient**

Nonpriority Creditor's Name

**Attn: Claims Dept****P.O. Box 9635****Wilkes Barr, PA 18773**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?  
 No  
 Yes

Last 4 digits of account number

**0601****\$3,912.00****Opened 06/12 Last Active 3/31/17**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:  
 Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

**Student Loans**

Debtor 1 **David PazCaballero**Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.4  
1

<b>Dept Of Ed/Navient</b>	Last 4 digits of account number	<b>0304</b>	<b>\$2,030.00</b>
Nonpriority Creditor's Name <b>Attn: Claims Dept P.O. Box 9635 Wilkes Barr, PA 18773</b>	When was the debt incurred?	<b>Opened 03/13 Last Active 3/31/17</b>	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Student Loans</b>			
Nonpriority Creditor's Name <b>Attn: Claims Dept P.O. Box 9635 Wilkes Barr, PA 18773</b>	Last 4 digits of account number	<b>0822</b>	
Number Street City State Zip Code	When was the debt incurred?	<b>Opened 08/12 Last Active 3/31/17</b>	
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

4.4  
2

<b>Dept Of Ed/Navient</b>	Last 4 digits of account number	<b>0822</b>	<b>\$1,782.00</b>
Nonpriority Creditor's Name <b>Attn: Claims Dept P.O. Box 9635 Wilkes Barr, PA 18773</b>	When was the debt incurred?	<b>Opened 08/12 Last Active 3/31/17</b>	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Student Loans</b>			
Nonpriority Creditor's Name <b>Attn: Claims Dept P.O. Box 9635 Wilkes Barr, PA 18773</b>	Last 4 digits of account number	<b>0822</b>	
Number Street City State Zip Code	When was the debt incurred?	<b>Opened 08/12 Last Active 3/31/17</b>	
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

4.4  
3

<b>Diane Lukasik</b>	Last 4 digits of account number	<b>5,582.00</b>	
Nonpriority Creditor's Name <b>1S210 Radford Villa Park, IL 60181</b>	When was the debt incurred?		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Student Loans</b>			
Nonpriority Creditor's Name <b>1S210 Radford Villa Park, IL 60181</b>	Last 4 digits of account number	<b>5,582.00</b>	
Number Street City State Zip Code	When was the debt incurred?		
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Back owed Rent</b>		
Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 **David PazCaballero**

Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.4	<b>Direct Loan Services System</b> Nonpriority Creditor's Name <b>PO Box 5609</b> <b>Greenville, TX 75403</b>	Last 4 digits of account number _____	<b>\$3,152.30</b>
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Payday Loan</b></p>			
4.5	<b>Direct TV</b> Nonpriority Creditor's Name <b>PO Box 69</b> <b>Columbus, OH 43216</b>	Last 4 digits of account number _____	<b>\$55.99</b>
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Utility Service</b></p>			
4.6	<b>Dish Network</b> Nonpriority Creditor's Name <b>9601 S. Meridian Boulevard</b> <b>Englewood, CO 80112</b>	Last 4 digits of account number _____	<b>\$136.13</b>
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Services</b></p>			

Debtor 1 **David PazCaballero**  
Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.4  
7

<b>Diversified Consultant</b> Nonpriority Creditor's Name <b>Dci</b> <b>PO Box 551268</b> <b>Jacksonville, FL 32255</b> Number Street City State Zip Code	Last 4 digits of account number <b>2369</b>	\$440.00
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>Opened 02/13</b>	
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Is the claim subject to offset?</b>	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Original Creditor: Sprint</b>	
<input type="checkbox"/> No <input type="checkbox"/> Yes		

4.4  
8

<b>Diversified Consultants Inc.</b> Nonpriority Creditor's Name <b>PO Box 1117</b> <b>Charlotte, NC 28201</b> Number Street City State Zip Code	Last 4 digits of account number	\$439.74
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b>	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Is the claim subject to offset?</b>	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection</b>	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

4.4  
9

<b>Dupage County Treasurer</b> Nonpriority Creditor's Name <b>421 N. County Farm Road</b> <b>Wheaton, IL 60187</b> Number Street City State Zip Code	Last 4 digits of account number	\$145.00
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b>	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Is the claim subject to offset?</b>	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Municipal Fines</b>	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 **David PazCaballero**

Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.5 0	<b>Electrostim Med Services Inc</b> Nonpriority Creditor's Name <b>3504 Cragmont Drive Suite 100</b> <b>Tampa, FL 33619</b>	Last 4 digits of account number _____	\$35.00
<p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Collection</b></p>			
4.5 1	<b>Elmhurst Radiologists</b> Nonpriority Creditor's Name <b>PO Box 1035</b> <b>Bedford Park, IL 60499</b>	Last 4 digits of account number _____	\$228.00
<p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical or Dental Services</b></p>			
4.5 2	<b>Elmhurt Memorial Hospital</b> Nonpriority Creditor's Name <b>28930 Network Place</b> <b>Chicago, IL 60673</b>	Last 4 digits of account number _____	\$4,551.00
<p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical or Dental Services</b></p>			

Debtor 1 **David PazCaballero**  
 Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.5 3	<p><b>Enhanced Recovery Co</b>                  Nonpriority Creditor's Name  <b>8014 Bayberry Road</b>  <b>Jacksonville, FL 32256</b>                  Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Collection</b></p>	<p>Last 4 digits of account number _____ <b>\$477.17</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p>
4.5 4	<p><b>Enterprise</b>                  Nonpriority Creditor's Name  <b>201 W. Madison Street, FL3</b>  <b>Chicago, IL 60606</b>                  Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Credit Card Purchases</b></p>	<p>Last 4 digits of account number _____ <b>\$17.00</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p>
4.5 5	<p><b>Enterprise Recovery Systems, Inc.</b>                  Nonpriority Creditor's Name  <b>2400 South Wolf Road</b>  <b>Westchester, IL 60154</b>                  Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Collections</b></p>	<p>Last 4 digits of account number _____ <b>\$4,442.00</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p>

Debtor 1 **David PazCaballero**  
 Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.5  
6

<b>ERC/Enhanced Recovery Corp</b>	Last 4 digits of account number	<b>1087</b>	\$477.00
Nonpriority Creditor's Name <b>8014 Bayberry Rd</b> <b>Jacksonville, FL 32256</b>	When was the debt incurred?	<b>Opened 03/13</b>	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Original Creditor: Sprint</b>		

4.5  
7

<b>ERC/Enhanced Recovery Corp</b>	Last 4 digits of account number	\$477.17
Nonpriority Creditor's Name <b>8014 Bayberry Rd</b> <b>Jacksonville, FL 32256</b>	When was the debt incurred?	_____
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> Debtor 1 only		
<input type="checkbox"/> Debtor 2 only		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		
<input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Collections</b>	

4.5  
8

<b>Fenton and McGarvey Law Firm, PSC</b>	Last 4 digits of account number	\$978.00
Nonpriority Creditor's Name <b>2401 Stanley Gault Parkway</b> <b>Louisville, KY 40223</b>	When was the debt incurred?	_____
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> Debtor 1 only		
<input type="checkbox"/> Debtor 2 only		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		
<input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Collection</b>	

Debtor 1 **David PazCaballero**

Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.5  
9

**First National Collection Bureau**

Nonpriority Creditor's Name

**610 Waltham Way  
Sparks, NV 89434**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 Check if this claim is for a community debt  
**Is the claim subject to offset?**

No       Other. Specify **Colections**  
 Yes

Last 4 digits of account number

**0493**

**\$419.37**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Colections**

4.6  
0

**First Premier Bank**

Nonpriority Creditor's Name

**601 South Minnesota Avenue  
Sioux Falls, SD 57104**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 Check if this claim is for a community debt

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number

**\$430.99**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Credit Card Purchases**

4.6  
1

**First Premier Bank**

Nonpriority Creditor's Name

**601 South Minnesota Avenue  
Sioux Falls, SD 57104**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 Check if this claim is for a community debt

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number

**\$457.25**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Credit Card Purchases**

Debtor 1 **David PazCaballero**  
 Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.6  
2

**Flagg Creek Water Reclamation District**  
 Nonpriority Creditor's Name  
**7001 North Frontage Road**  
**Burr Ridge, IL 60527**  
 Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**  
 **Is the claim subject to offset?**  
 No       Contingent  
 Yes       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**  
 **Is the claim subject to offset?**  
 No       Contingent  
 Yes       Unliquidated

**Last 4 digits of account number** \_\_\_\_\_ **\$9.74**

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Utility Service** \_\_\_\_\_

4.6  
3

**FMS Financial Solutions**  
 Nonpriority Creditor's Name  
**9001 Edmonston Rd., Ste 20**  
**Greenbelt, MD 20770**  
 Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**  
 **Is the claim subject to offset?**  
 No       Contingent  
 Yes       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**  
 **Is the claim subject to offset?**  
 No       Contingent  
 Yes       Unliquidated

**Last 4 digits of account number** \_\_\_\_\_ **\$0.00**

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Notice** \_\_\_\_\_

4.6  
4

**GAFCO**  
 Nonpriority Creditor's Name  
**20 N. Wacker Drive, Ste 2275**  
**Chicago, IL 60606**  
 Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**  
 **Is the claim subject to offset?**  
 No       Contingent  
 Yes       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**  
 **Is the claim subject to offset?**  
 No       Contingent  
 Yes       Unliquidated

**Last 4 digits of account number** \_\_\_\_\_ **\$2,137.51**

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Colelections** \_\_\_\_\_

Debtor 1 **David PazCaballero**

Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.6  
5

**Gina Nuccio DPM**

Nonpriority Creditor's Name

**1001 E. Wilson St. Suite 180  
Batavia, IL 60510**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No       Debts to pension or profit-sharing plans, and other similar debts  
 Yes       Other. Specify **Medical or Dental Services**

Last 4 digits of account number \_\_\_\_\_

**\$65.53**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Medical or Dental Services**

4.6  
6

**Great American Finance Company**

Nonpriority Creditor's Name

**Attn: Bankruptcy  
20 N Wacker Dr. Suite 2275  
Chicago, IL 60606**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No       Debts to pension or profit-sharing plans, and other similar debts  
 Yes       Other. Specify **Credit Line**

Last 4 digits of account number **4718**

**\$1,914.00**

**Opened 11/15 Last Active**

**1/09/17**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Credit Line**

4.6  
7

**Great American Finance/Value City Furnit**

Nonpriority Creditor's Name

**20 N. Wacker, Suite 2275  
Chicago, IL 60606**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No       Debts to pension or profit-sharing plans, and other similar debts  
 Yes       Other. Specify **Credit Line**

Last 4 digits of account number \_\_\_\_\_

**\$1,800.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Credit Line**

Debtor 1 **David PazCaballero**  
 Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.6	<b>Harris &amp; Harris , Ltd.</b> Nonpriority Creditor's Name <b>222 Merchandise Mart Plaza, Suite 1900 Chicago, IL 60654</b> Number Street City State Zip Code	Last 4 digits of account number _____	\$6,634.61
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>		<b>When was the debt incurred?</b> _____	
<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection</b> _____			
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.6	<b>HealthCare Clinic at Walgreens</b> Nonpriority Creditor's Name <b>16760 Collections Center Drive Chicago, IL 60693</b> Number Street City State Zip Code	Last 4 digits of account number <b>4472</b>	\$86.00
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>		<b>When was the debt incurred?</b> _____	
<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical or Dental Services</b> _____			
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.7	<b>Helvy and Associates, Inc</b> Nonpriority Creditor's Name <b>1015 East Center Street Warsaw, IN 46580</b> Number Street City State Zip Code	Last 4 digits of account number _____	\$49.03
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>		<b>When was the debt incurred?</b> _____	
<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection</b> _____			
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 **David PazCaballero**  
 Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.7  
1

<b>Helvy and Associates, Inc</b>	Last 4 digits of account number	<b>6132</b>	\$59.40
Nonpriority Creditor's Name <b>1015 East Center Street Warsaw, IN 46580</b>	When was the debt incurred? _____		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?			
<input type="checkbox"/> No	<input type="checkbox"/> Student loans		
<input type="checkbox"/> Yes	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> Other. Specify <b>Collections</b>		

4.7  
2

<b>Helvy and Associates, Inc</b>	Last 4 digits of account number	<b>6132</b>	\$56.03
Nonpriority Creditor's Name <b>1015 East Center Street Warsaw, IN 46580</b>	When was the debt incurred? _____		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?			
<input type="checkbox"/> No	<input type="checkbox"/> Student loans		
<input type="checkbox"/> Yes	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> Other. Specify <b>Collections</b>		

4.7  
3

<b>Helvy and Associates, Inc</b>	Last 4 digits of account number	<b>6132</b>	\$49.03
Nonpriority Creditor's Name <b>1015 East Center Street Warsaw, IN 46580</b>	When was the debt incurred? _____		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?			
<input type="checkbox"/> No	<input type="checkbox"/> Student loans		
<input type="checkbox"/> Yes	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> Other. Specify <b>Collections</b>		

Debtor 1 **David PazCaballero**Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.7  
4**IC Systems, Inc**

Nonpriority Creditor's Name

**444 Highway 96 East  
St Paul, MN 55127**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No

Yes

Last 4 digits of account number

**0740****\$475.00**When was the debt incurred? **Opened 10/11/16**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**Original Creditor: Kindercare Learning Centers**4.7  
5**Illinois Tollway Authority**

Nonpriority Creditor's Name

**2700 Ogden Avenue  
Downers Grove, IL 60515**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No

Yes

Last 4 digits of account number

**\$15,450.47**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**■ Other. Specify Tollway Dues**4.7  
6**Jefferson Capital Systems, LLC**

Nonpriority Creditor's Name

**16 Mcleland Rd  
Saint Cloud, MN 56303**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No

Yes

Last 4 digits of account number

**4003****\$978.00**When was the debt incurred? **Opened 06/16**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**■ Other. Specify Original Creditor: Fingerhut Direct Mrkting**

Debtor 1 **David PazCaballero**

Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.7  
7

<b>Jefferson Capital Systems, LLC</b>	Last 4 digits of account number	<b>4003</b>	\$1,089.24
Nonpriority Creditor's Name <b>16 Mcleland Rd Saint Cloud, MN 56303</b>	When was the debt incurred?	<b>Opened 06/16</b>	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Other. Specify <b>Collections</b>		
Is the claim subject to offset?	<input type="checkbox"/> No <input type="checkbox"/> Student loans <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collections</b>		

4.7  
8

<b>Jefferson Capital Systems, LLC</b>	Last 4 digits of account number	\$205.46	
Nonpriority Creditor's Name <b>16 Mcleland Rd Saint Cloud, MN 56303</b>	When was the debt incurred?		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Other. Specify <b>Collections</b>		
Is the claim subject to offset?	<input type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collections</b>		

4.7  
9

<b>KinderCare Learning Centers</b>	Last 4 digits of account number	\$595.00	
Nonpriority Creditor's Name <b>Attn: Collections Department P.O. Box 6760 Portland, OR 97228</b>	When was the debt incurred?		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Other. Specify <b>Services</b>		
Is the claim subject to offset?	<input type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Services</b>		

Debtor 1 **David PazCaballero**

Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.8  
0

<b>Law Offices of Curtis O. Barnes, PC</b>	Last 4 digits of account number _____	<b>\$434.26</b>
Nonpriority Creditor's Name		
<b>PO Box 1390</b>	When was the debt incurred? _____	
<b>Anaheim, CA 92815</b>		
Number Street City State Zip Code		
<b>Who incurred the debt? Check one.</b>		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> <b>Is the claim subject to offset?</b>	<input type="checkbox"/> Student loans	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Yes	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> Other. Specify <b>Collections</b>	

4.8  
1

<b>Lewis University</b>	Last 4 digits of account number _____	<b>\$1,453.00</b>
Nonpriority Creditor's Name		
<b>One University Parkway</b>	When was the debt incurred? _____	
<b>Romeoville, IL 60446</b>		
Number Street City State Zip Code		
<b>Who incurred the debt? Check one.</b>		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> <b>Is the claim subject to offset?</b>	<input type="checkbox"/> Student loans	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Yes	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> Other. Specify <b>Student Loans</b>	

4.8  
2

<b>Linebarger Goggan Blair &amp; Sampson</b>	Last 4 digits of account number <b>1555</b>	<b>\$1,864.00</b>
Nonpriority Creditor's Name		
<b>Po Box 06140</b>	When was the debt incurred? _____	
<b>Chicago, IL 60606</b>		
Number Street City State Zip Code		
<b>Who incurred the debt? Check one.</b>		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> <b>Is the claim subject to offset?</b>	<input type="checkbox"/> Student loans	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Yes	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> Other. Specify <b>Collection for College of DuPage</b>	

Debtor 1 **David PazCaballero**Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.8  
3**Mason Easy Pay**

Nonpriority Creditor's Name

**PO BOX 2808****Monroe, WI 53566**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No       Debts to pension or profit-sharing plans, and other similar debts  
 Yes       Other. Specify **Collectionns**

Last 4 digits of account number \_\_\_\_\_

**\$158.14**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Collectionns**

4.8  
4**Mattress Overstock**

Nonpriority Creditor's Name

**1208 East Roosevelt Road****Lombard, IL 60148**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No       Debts to pension or profit-sharing plans, and other similar debts  
 Yes       Other. Specify **Notice Only**

Last 4 digits of account number \_\_\_\_\_

**\$0.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Notice Only**

4.8  
5**McKesson Corporation**

Nonpriority Creditor's Name

**19 Mollison Way****Lewiston, ME 04240**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No       Debts to pension or profit-sharing plans, and other similar debts  
 Yes       Other. Specify **Collections**

Last 4 digits of account number **2494****\$7.30**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Collections**

Debtor 1 **David PazCaballero**  
 Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.8  
 6

**Metro Self- Storage- Cicero-Roosevelt** \_\_\_\_\_ **\$264.00** \_\_\_\_\_

Nonpriority Creditor's Name  
**5525 W. Roosevelt Road**  
**Cicero, IL 60804**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No       Other. Specify **Services**  
 Yes

**Last 4 digits of account number** \_\_\_\_\_

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Services**

4.8  
 7

**Metro Service Center** \_\_\_\_\_ **\$18.50** \_\_\_\_\_

Nonpriority Creditor's Name  
**PO Box 550460**  
**Dallas, TX 75355**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No       Other. Specify **Collections**  
 Yes

**Last 4 digits of account number** \_\_\_\_\_

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Collections**

4.8  
 8

**Microsoft Corporation** \_\_\_\_\_ **\$15.94** \_\_\_\_\_

Nonpriority Creditor's Name  
**One Microsoft Way**  
**Redmond, WA 98052**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No       Other. Specify **Services**  
 Yes

**Last 4 digits of account number** \_\_\_\_\_

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Services**

Debtor 1 **David PazCaballero**  
 Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.8 9	<b>Midwest Imaging Professionals</b> Nonpriority Creditor's Name <b>PO Box 371863</b> <b>Pittsburgh, PA 15250</b>	<b>Last 4 digits of account number</b> _____	<b>\$48.93</b>																
<p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <table> <tr> <td><input type="checkbox"/> Debtor 1 only</td> <td><input type="checkbox"/> Contingent</td> </tr> <tr> <td><input type="checkbox"/> Debtor 2 only</td> <td><input type="checkbox"/> Unliquidated</td> </tr> <tr> <td><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</td> <td><input type="checkbox"/> Disputed</td> </tr> <tr> <td><input type="checkbox"/> At least one of the debtors and another</td> <td><input type="checkbox"/> Type of NONPRIORITY unsecured claim:</td> </tr> <tr> <td><input type="checkbox"/> Check if this claim is for a community debt</td> <td><input type="checkbox"/> Student loans</td> </tr> <tr> <td><b>Is the claim subject to offset?</b></td> <td><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</td> </tr> <tr> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> Other. Specify <b>Collections</b> _____</td> </tr> </table>				<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Collections</b> _____
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent																		
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<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed																		
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<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims																		
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts																		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Collections</b> _____																		
4.9 0	<b>National Collection Agency</b> Nonpriority Creditor's Name <b>2269 S. Saw Mill River Road</b> <b>Building 3</b> <b>Elmsford, NY 10523</b>	<b>Last 4 digits of account number</b> <b>9091</b>	<b>\$119.97</b>																
<p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <table> <tr> <td><input type="checkbox"/> Debtor 1 only</td> <td><input type="checkbox"/> Contingent</td> </tr> <tr> <td><input type="checkbox"/> Debtor 2 only</td> <td><input type="checkbox"/> Unliquidated</td> </tr> <tr> <td><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</td> <td><input type="checkbox"/> Disputed</td> </tr> <tr> <td><input type="checkbox"/> At least one of the debtors and another</td> <td><input type="checkbox"/> Type of NONPRIORITY unsecured claim:</td> </tr> <tr> <td><input type="checkbox"/> Check if this claim is for a community debt</td> <td><input type="checkbox"/> Student loans</td> </tr> <tr> <td><b>Is the claim subject to offset?</b></td> <td><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</td> </tr> <tr> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> Other. Specify <b>Original Creditor: Flirty Girl Fitness</b> _____</td> </tr> </table>				<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Original Creditor: Flirty Girl Fitness</b> _____
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent																		
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<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Original Creditor: Flirty Girl Fitness</b> _____																		
4.9 1	<b>Nations Recovery Center, Inc.</b> Nonpriority Creditor's Name <b>6491 Peachtree Industrial Blvd.</b> <b>Atlanta, GA 30360</b>	<b>Last 4 digits of account number</b> <b>9245</b>	<b>\$978.60</b>																
<p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <table> <tr> <td><input type="checkbox"/> Debtor 1 only</td> <td><input type="checkbox"/> Contingent</td> </tr> <tr> <td><input type="checkbox"/> Debtor 2 only</td> <td><input type="checkbox"/> Unliquidated</td> </tr> <tr> <td><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</td> <td><input type="checkbox"/> Disputed</td> </tr> <tr> <td><input type="checkbox"/> At least one of the debtors and another</td> <td><input type="checkbox"/> Type of NONPRIORITY unsecured claim:</td> </tr> <tr> <td><input type="checkbox"/> Check if this claim is for a community debt</td> <td><input type="checkbox"/> Student loans</td> </tr> <tr> <td><b>Is the claim subject to offset?</b></td> <td><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</td> </tr> <tr> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> Other. Specify <b>Collection</b> _____</td> </tr> </table>				<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Collection</b> _____
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent																		
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<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Collection</b> _____																		

Debtor 1 **David PazCaballero**Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.9  
2**Navient**

Nonpriority Creditor's Name

**Attn: Bankruptcy****PO Box 9500****Wilkes-Barr, PA 18773**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**1214****\$4,906.00****Opened 12/07 Last Active  
7/06/11**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

**Student Loans**4.9  
3**Navient**

Nonpriority Creditor's Name

**Attn: Bankruptcy****PO Box 9500****Wilkes-Barr, PA 18773**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**1214****\$3,190.00****Opened 12/07 Last Active  
7/06/11**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

**Student Loans**4.9  
4**NCO Financial**

Nonpriority Creditor's Name

**507 Prudential Road****Horsham, PA 19044**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**\$707.94**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Collection** \_\_\_\_\_

Debtor 1 **David PazCaballero**

Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.9  
5

**NCO Financial**

Nonpriority Creditor's Name

**507 Prudential Road  
Horsham, PA 19044**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$169.99**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Collection**

4.9  
6

**NCO Financial**

Nonpriority Creditor's Name

**507 Prudential Road  
Horsham, PA 19044**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$210.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Collection**

4.9  
7

**Nicor Gas**

Nonpriority Creditor's Name

**1844 Ferry Road  
Naperville, IL 60563**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$71.08**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Utility Service**

Debtor 1 **David PazCaballero**

Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.9  
8

**North Shore Agency**

Nonpriority Creditor's Name

**4000 East Fifth Ave  
Columbus, OH 43219**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No       Debts to pension or profit-sharing plans, and other similar debts  
 Yes       Other. Specify **Collection**

Last 4 digits of account number \_\_\_\_\_

**\$2,141.59**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Collection**

4.9  
9

**Oak Brook X- Ray and Imaging, Inc.**

Nonpriority Creditor's Name

**2425 W. 22nd Street  
Oak Brook, IL 60523**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No       Debts to pension or profit-sharing plans, and other similar debts  
 Yes       Other. Specify **Medical or Dental Services**

Last 4 digits of account number \_\_\_\_\_

**\$125.20**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Medical or Dental Services**

4.1  
00

**Oak Brook X- Ray and Imaging, Inc.**

Nonpriority Creditor's Name

**2425 W. 22nd Street  
Oak Brook, IL 60523**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No       Debts to pension or profit-sharing plans, and other similar debts  
 Yes       Other. Specify **Collections**

Last 4 digits of account number \_\_\_\_\_

**\$125.20**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Collections**

Debtor 1 **David PazCaballero**

Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.1 01	<b>Plaza Recovery, Inc</b> Nonpriority Creditor's Name <b>P.O. Box 722218</b> <b>Houston, TX 77272</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$1,089.24</b>
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>			
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>When was the debt incurred?</b> _____			
<b>As of the date you file, the claim is:</b> Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection</b>			
<hr/>			
4.1 02	<b>PLS Financial Solutions of Illinois</b> Nonpriority Creditor's Name <b>3908 Harlem Ave</b> <b>Lyons, IL 60534</b> Number Street City State Zip Code	Last 4 digits of account number <b>01C1</b>	<b>\$3,121.57</b>
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>			
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>When was the debt incurred?</b> _____			
<b>As of the date you file, the claim is:</b> Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Payday Loans</b>			
<hr/>			
4.1 03	<b>PLS Financial Solutions of Illinois, Inc</b> Nonpriority Creditor's Name <b>f/k/a The Payday Loan of Illinois Inc</b> <b>800 Jorie Blvd 2nd Floor</b> <b>Oak Brook, IL 60523</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$2,008.12</b>
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>			
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>When was the debt incurred?</b> _____			
<b>As of the date you file, the claim is:</b> Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____			

Debtor 1 **David PazCaballero**

Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.1  
04

<b>Portfolio Recovery Associates, LLC</b>	Last 4 digits of account number	<b>\$4,572.00</b>
Nonpriority Creditor's Name <b>PO Box 12914 Norfolk, VA 23541</b>	When was the debt incurred? _____	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
Is the claim subject to offset?	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Original Creditor: Holy Cross Hospital</b>	
<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes		

4.1  
05

<b>Presence Health</b>	Last 4 digits of account number	<b>\$7.80</b>
Nonpriority Creditor's Name <b>1643 Lewis Avenue Suite 203 Billings, MT 59102</b>	When was the debt incurred? _____	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
Is the claim subject to offset?	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical or Dental Services</b>	
<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes		

4.1  
06

<b>Presence Health</b>	Last 4 digits of account number	<b>\$40.00</b>
Nonpriority Creditor's Name <b>62314 Collections Center Drive Chicago, IL 60693</b>	When was the debt incurred? _____	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
Is the claim subject to offset?	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical or Dental Services</b>	
<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes		

Debtor 1 **David PazCaballero**

Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.1  
07

<b>Presence Health</b> Nonpriority Creditor's Name <b>621 17th Street, Suite 1800</b> <b>Denver, CO 80293</b>	Number Street City State Zip Code	Last 4 digits of account number	\$10.95
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
<b>Type of NONPRIORITY unsecured claim:</b>			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical or Dental Services</b>			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

4.1  
08

<b>Presence Health</b> Nonpriority Creditor's Name <b>621 17th Street, Suite 1800</b> <b>Denver, CO 80293</b>	Number Street City State Zip Code	Last 4 digits of account number	\$40.00
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
<b>Type of NONPRIORITY unsecured claim:</b>			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical or Dental Services</b>			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

4.1  
09

<b>Private Internet Access</b> Nonpriority Creditor's Name <b>2885 Sanford Avenue. SW, Suite 20138</b> <b>Grandville, MI 49418</b>	Number Street City State Zip Code	Last 4 digits of account number	\$6.95
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
<b>Type of NONPRIORITY unsecured claim:</b>			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Services</b>			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 **David PazCaballero**

Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.1  
10

**Professional Account Management,  
LLC**

Nonpriority Creditor's Name

**PO Box 1022**

**Wixom, MI 48393**

Number Street City State Zip Code

**Who incurred the debt? Check one.**

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**
- Is the claim subject to offset?**
- No
- Yes

Last 4 digits of account number \_\_\_\_\_ **\$250.00**

When was the debt incurred? \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply

- Contingent
- Unliquidated
- Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Collections** \_\_\_\_\_

4.1  
11

**Professional Recovery Consultants**

Nonpriority Creditor's Name

**2700 Meridian Parkway**

**Suite 200**

**Durham, NC 27713**

Number Street City State Zip Code

**Who incurred the debt? Check one.**

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**
- Is the claim subject to offset?**
- No
- Yes

Last 4 digits of account number **5528**

**\$169.99**

When was the debt incurred? \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply

- Contingent
- Unliquidated
- Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Original Creditor: Mason Companies** \_\_\_\_\_

4.1  
12

**Progressive Direct**

Nonpriority Creditor's Name

**PO Box 31260**

**Tampa, FL 33631**

Number Street City State Zip Code

**Who incurred the debt? Check one.**

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**
- Is the claim subject to offset?**
- No
- Yes

Last 4 digits of account number **4085**

**\$707.94**

When was the debt incurred? \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply

- Contingent
- Unliquidated
- Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Services** \_\_\_\_\_

Debtor 1 **David PazCaballero**

Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.1  
13

<b>Prudential</b>	Last 4 digits of account number _____	<b>\$630.50</b>
Nonpriority Creditor's Name <b>PO Box 7390</b> <b>Philadelphia, PA 19176</b>	When was the debt incurred? _____	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	
Is the claim subject to offset?	<input type="checkbox"/> No <input type="checkbox"/> Student loans <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Services</b> _____	

4.1  
14

<b>Public Storage</b>	Last 4 digits of account number _____	<b>Unknown</b>
Nonpriority Creditor's Name <b>5829 W. Ogden Avenue</b> <b>Cicero, IL 60804</b>	When was the debt incurred? _____	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	
Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Notice Only</b> _____	

4.1  
15

<b>Public Storage</b>	Last 4 digits of account number _____	<b>Unknown</b>
Nonpriority Creditor's Name <b>1100 E Roosevelt Rd</b> <b>Lombard, IL 60148</b>	When was the debt incurred? _____	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	
Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	

Debtor 1 **David PazCaballero**  
 Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.1  
16

<b>QSP Reader's Digest</b>	Last 4 digits of account number _____	<b>\$2,375.89</b>
Nonpriority Creditor's Name <b>Attn: Food Product Division 13970 Collection Center Drive Chicago, IL 60693</b>	When was the debt incurred? _____	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Is the claim subject to offset?	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Other. Specify <b>Collection</b> _____	
<input type="checkbox"/> Yes		

4.1  
17

<b>Quest Diagnostics</b>	Last 4 digits of account number _____	<b>\$123.89</b>
Nonpriority Creditor's Name <b>PO Box 740397 Cincinnati, OH 45274-0397</b>	When was the debt incurred? _____	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Is the claim subject to offset?	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Other. Specify <b>Medical or Dental Services</b> _____	
<input type="checkbox"/> Yes		

4.1  
18

<b>Resurrection Health Care</b>	Last 4 digits of account number _____	<b>\$7.30</b>
Nonpriority Creditor's Name <b>62314 Collection Center Drive Chicago, IL 60693</b>	When was the debt incurred? _____	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Is the claim subject to offset?	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Other. Specify <b>Medical or Dental Services</b> _____	
<input type="checkbox"/> Yes		

Debtor 1 **David PazCaballero**  
 Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.1  
19

<b>Resurrection Health Care</b> Nonpriority Creditor's Name <b>7435 West Talcott Avenue</b> <b>Chicago, IL 60631</b> Number Street City State Zip Code	Last 4 digits of account number <b>2494</b>	\$10.95
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of NONPRIORITY unsecured claim:
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	<input checked="" type="checkbox"/> Other. Specify <b>Medical or Dental Services</b>
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

4.1  
20

<b>Resurrection Health Care</b> Nonpriority Creditor's Name <b>62314 Collection Center Drive</b> <b>Chicago, IL 60693</b> Number Street City State Zip Code	Last 4 digits of account number	\$110.40
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of NONPRIORITY unsecured claim:
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	<input checked="" type="checkbox"/> Other. Specify <b>Medical or Dental Services</b>
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

4.1  
21

<b>Resurrection Health Care</b> Nonpriority Creditor's Name <b>62314 Collection Center Drive</b> <b>Chicago, IL 60693</b> Number Street City State Zip Code	Last 4 digits of account number	\$21.90
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of NONPRIORITY unsecured claim:
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	<input checked="" type="checkbox"/> Other. Specify <b>Medical or Dental Services</b>
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 **David PazCaballero**

Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.1  
22

**Retrieval Masters Creditors Bueau, Inc.**

Nonpriority Creditor's Name

**4 Westchester Plaza, #110  
Elmsford, NY 10523**

Number Street City State Zip Code

**Who incurred the debt? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

**Last 4 digits of account number** \_\_\_\_\_

**\$119.97**

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply

Contingent  
 Unliquidated  
 Disputed  
**Type of NONPRIORITY unsecured claim:**  
 Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Collections** \_\_\_\_\_

4.1  
23

**Rosalba Urbina**

Nonpriority Creditor's Name

**5340 S Campbell Ave  
Chicago, IL 60632**

Number Street City State Zip Code

**Who incurred the debt? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

**Last 4 digits of account number** \_\_\_\_\_

**\$5,852.00**

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply

Contingent  
 Unliquidated  
 Disputed  
**Type of NONPRIORITY unsecured claim:**  
 Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

4.1  
24

**Rosin Eyecare**

Nonpriority Creditor's Name

**PO Box 221  
Berwyn, IL 60402**

Number Street City State Zip Code

**Who incurred the debt? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

**Last 4 digits of account number** \_\_\_\_\_

**\$56.12**

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply

Contingent  
 Unliquidated  
 Disputed  
**Type of NONPRIORITY unsecured claim:**  
 Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Medical or Dental Services** \_\_\_\_\_

Debtor 1 **David PazCaballero**

Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.1  
25

<b>Sallie Mae</b> Nonpriority Creditor's Name <b>Attn: Claims Dept</b> <b>Po Box 9500</b> <b>Wilkes Barre, PA 18773</b> Number Street City State Zip Code	Last 4 digits of account number <b>8231</b>	\$10,103.32
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Student Loans</b>		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

4.1  
26

<b>Smile More Dental LLC</b> Nonpriority Creditor's Name <b>432 E. Roosevelt Road</b> <b>Lombard, IL 60148</b> Number Street City State Zip Code	Last 4 digits of account number	\$388.90
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical or Dental Services</b>		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

4.1  
27

<b>Smile More Dental LLC</b> Nonpriority Creditor's Name <b>432 E. Roosevelt Road</b> <b>Lombard, IL 60148</b> Number Street City State Zip Code	Last 4 digits of account number	\$388.90
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical or Dental Services</b>		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 **David PazCaballero**

Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.1  
28

**Sprint**

Nonpriority Creditor's Name

**6391 Sprint Parkway  
Overland Park, KS 66251**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$205.46**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Utility Service**

4.1  
29

**State of Illinois**

Nonpriority Creditor's Name

**c/o Attorney General  
100 W. Randolph Street, 13th Floor  
Chicago, IL 60602**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$845.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Taxes: Federal, State or Local**

4.1  
30

**Stellar Recovery, Inc**

Nonpriority Creditor's Name

**1327 Highway 2 West  
Suite 100  
Kalispell, MT 59901**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number **9070**

**\$136.13**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Original Creditor: Dish Network**

Debtor 1 **David PazCaballero**

Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.1  
31

<b>Stroger Neonatology</b> Nonpriority Creditor's Name <b>LockBox 2531 Paysphere Circle Chicago, IL 60674</b> Number Street City State Zip Code	Last 4 digits of account number _____	\$115.73
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		

4.1  
32

<b>Target Corporation</b> Nonpriority Creditor's Name <b>PO Box 038994 Tuscaloosa, AL 35403</b> Number Street City State Zip Code	Last 4 digits of account number _____	\$25.00
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collections</b> _____		

4.1  
33

<b>Tfc Credit</b> Nonpriority Creditor's Name <b>2010 Crow Canyon Place Suite 300 San Ramon, CA 94583</b> Number Street City State Zip Code	Last 4 digits of account number <b>0069</b>	\$1,056.00
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Overdraft Fees</b> _____		

Debtor 1 **David PazCaballero**  
 Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.1  
34

<b>TFC Credit Corporation</b> Nonpriority Creditor's Name <b>Re: Northwestern College</b> <b>PO Box 579</b> <b>San Ramon, CA 94583-0579</b> Number Street City State Zip Code	Last 4 digits of account number <b>0069</b>	\$385.00
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> _____	
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Type of NONPRIORITY unsecured claim:</b>		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify <b>Collections</b> _____		

4.1  
35

<b>TFC Credit Corporation</b> Nonpriority Creditor's Name <b>Re: Northwestern College</b> <b>PO Box 579</b> <b>San Ramon, CA 94583-0579</b> Number Street City State Zip Code	Last 4 digits of account number <b>0069</b>	\$1,138.18
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> _____	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Type of NONPRIORITY unsecured claim:</b>		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify <b>Collection</b> _____		

4.1  
36

<b>Transworld Systems Inc.</b> Nonpriority Creditor's Name <b>507 Prudential Road</b> <b>Horsham, PA 19044</b> Number Street City State Zip Code	Last 4 digits of account number <b>7154</b>	\$705.87
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> _____	
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Type of NONPRIORITY unsecured claim:</b>		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify <b>Collection</b> _____		

Debtor 1 **David PazCaballero**Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.1  
37**Transworld Systems Inc.**

Nonpriority Creditor's Name

**507 Prudential Road  
Horsham, PA 19044**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 Check if this claim is for a community debt  
**Is the claim subject to offset?**

No       Contingent  
 Yes       Unliquidated

Last 4 digits of account number **7648****\$952.24**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Collection**

4.1  
38**Tri State Financial**

Nonpriority Creditor's Name

**PO Box 2520  
Wilkes Barre, PA 18703**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 Check if this claim is for a community debt

**Is the claim subject to offset?**

No       Contingent  
 Yes       Unliquidated

Last 4 digits of account number **5379****\$246.59**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Collection**

4.1  
39**U.S. Cellular**

Nonpriority Creditor's Name

**Dept 0203  
Palatine, IL 60055**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 Check if this claim is for a community debt

**Is the claim subject to offset?**

No       Contingent  
 Yes       Unliquidated

Last 4 digits of account number **2820****\$111.93**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Utility Service**

Debtor 1 **David PazCaballero**  
Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.1 40	<b>University of Illinois Medical Center</b> Nonpriority Creditor's Name <b>PO Box 12199</b> <b>Chicago, IL 60612</b> Number Street City State Zip Code	Last 4 digits of account number <b>5615</b>	\$89.00
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical or Dental Services</b>			
4.1 41	<b>University of Illinois at Chicago</b> Nonpriority Creditor's Name <b>801 S. Paulina</b> <b>M/C 621 - Billing and Collections</b> <b>Chicago, IL 60612</b> Number Street City State Zip Code	Last 4 digits of account number <b>3573</b>	\$51.00
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical or Dental Services</b>			
4.1 42	<b>University Of Illinois Hospital</b> Nonpriority Creditor's Name <b>PO Box 12199</b> <b>Suite 173</b> <b>Chicago, IL 60612</b> Number Street City State Zip Code	Last 4 digits of account number <b>7733</b>	\$57.27
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical or Dental Services</b>			

Debtor 1 **David PazCaballero**Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.1  
43**Us Dept Ed**

Nonpriority Creditor's Name

**Ecmc/Bankruptcy****PO Box 16408****St Paul, MN 55116**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**8342****\$29,132.00****Opened 04/13 Last Active 5/01/16**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

**Student Loans**4.1  
44**Us Dept Ed**

Nonpriority Creditor's Name

**Ecmc/Bankruptcy****PO Box 16408****St Paul, MN 55116**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**5403****\$18,556.00****Opened 04/13 Last Active 5/01/16**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

**Student Loans**4.1  
45**Us Dept Ed**

Nonpriority Creditor's Name

**Ecmc/Bankruptcy****PO Box 16408****St Paul, MN 55116**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**7111****\$137.00**When was the debt incurred? **Last Active 7/05/16**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

**Student Loans**

Debtor 1 **David PazCaballero**Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.1  
46**Van Ru Credit Corp**

Nonpriority Creditor's Name

**11745 W. Bradley Road  
Milwaukee, WI 53224**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No       Debts to pension or profit-sharing plans, and other similar debts  
 Yes      **Other. Specify      Original Creditor: Northwestern College**

Last 4 digits of account number **4463****\$1,023.19**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**■ Other. Specify      Red Light Violation**4.1  
47**Village of North Riverside**

Nonpriority Creditor's Name

**Po Box 7641  
Carol Stream, IL 60197**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No       Debts to pension or profit-sharing plans, and other similar debts  
 Yes      **Other. Specify      Red Light Violation**

Last 4 digits of account number **B1CH****\$100.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**■ Other. Specify      Red Light Violation**4.1  
48**Village of North Riverside**

Nonpriority Creditor's Name

**Po Box 7641  
Carol Stream, IL 60197**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No       Debts to pension or profit-sharing plans, and other similar debts  
 Yes      **Other. Specify      Red Light Violation**

Last 4 digits of account number **EQ2H****\$100.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**■ Other. Specify      Red Light Violation**

Debtor 1 **David PazCaballero**

Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.1  
49

**William and Fudge, Inc.**

Nonpriority Creditor's Name

**300 Chatham Avenue**

**PO Box 11590**

**Rock Hill, SC 29731-1590**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt
- Is the claim subject to offset?
  - No
  - Yes

Last 4 digits of account number \_\_\_\_\_

**\$1,453.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Collections** \_\_\_\_\_

4.1  
50

**Young Family Health Assoc.**

Nonpriority Creditor's Name

**1431 North Western Avenue, Suite**

**101**

**Chicago, IL 60622**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt
- Is the claim subject to offset?
  - No
  - Yes

Last 4 digits of account number **8749**

**\$3.65**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Medical or Dental Services** \_\_\_\_\_

4.1  
51

**Young Family Health Assoc.**

Nonpriority Creditor's Name

**1431 North Western Avenue, Suite**

**101**

**Chicago, IL 60622**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt
- Is the claim subject to offset?
  - No
  - Yes

Last 4 digits of account number **8749**

**\$23.90**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Medical or Dental Services** \_\_\_\_\_

Debtor 1 **David PazCaballero**  
Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

4.1  
52

<b>Young Family Health Assoc.</b> Nonpriority Creditor's Name <b>1431 North Western Avenue, Suite 101 Chicago, IL 60622</b> Number Street City State Zip Code	Last 4 digits of account number <b>8749</b>	\$43.90
<b>Who incurred the debt?</b> Check one.	When was the debt incurred?	
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Medical or Dental Services</b>	

4.1  
53

<b>Young Family Health Assoc.</b> Nonpriority Creditor's Name <b>1431 North Western Avenue, Suite 101 Chicago, IL 60622</b> Number Street City State Zip Code	Last 4 digits of account number <b>8749</b>	\$650.00
<b>Who incurred the debt?</b> Check one.	When was the debt incurred?	
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Medical or Dental Services</b>	

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address  
**Armor Systems Corporation  
1700 Kiefer Drive, Suite 1  
Zion, IL 60099**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.27** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Arnold Scott Harris, P.C  
111 West Jackson Boulevard, Suite 600  
Chicago, IL 60604**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.24** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**At & T  
Po Box 5080  
Carol Stream, IL 60197-5080**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.3** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Debtor 1 **David PazCaballero**

Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

Name and Address

**ATI Physical Therapy**  
**790 Remington Boulevard**  
**Bolingbrook, IL 60440**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.136** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**ATI Physical Therapy**  
**790 Remington Boulevard**  
**Bolingbrook, IL 60440**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.137** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Capital One**  
**15000 Capital One Drive**  
**Richmond, VA 23238**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.15** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Capital One**  
**15000 Capital One Dr**  
**Richmond, VA 23238**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Career Education Corporation**  
**231 N. Martingale Road, Suite 100**  
**Schaumburg, IL 60173**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.32** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Cbe Group**  
**1309 Technology Pkwy**  
**Cedar Falls, IA 50613**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.18** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Circuit Court of Cook County**  
**Case # 09M1-145927**  
**50 W. Washington St., Room 601**  
**Chicago, IL 60602**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.123** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**City of Rolling Meadows**  
**3600 Kirchoff Road**  
**Rolling Meadows, IL 60008**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Comcast**  
**One Comcast Center**  
**Philadelphia, PA 19103**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.34** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Convergent Outsourcing, Inc**  
**800 SW 39th Street**  
**PO Box 9004**  
**Renton, WA 98057**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.17** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Credit One Bank Na**  
**Po Box 98875**  
**Las Vegas, NV 89193**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.35** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 **David PazCaballero**

Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

**Credit One Bank Na  
PO Box 98875  
Las Vegas, NV 89193**

Line **4.36** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Dept Of Ed/Navient  
PO Box 9635  
Wilkes Barre, PA 18773**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.37** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Dept Of Ed/Navient  
PO Box 9635  
Wilkes Barre, PA 18773**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.38** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Dept Of Ed/Navient  
PO Box 9635  
Wilkes Barre, PA 18773**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.39** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Dept Of Ed/Navient  
PO Box 9635  
Wilkes Barre, PA 18773**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.40** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Dept Of Ed/Navient  
PO Box 9635  
Wilkes Barre, PA 18773**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.41** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Dept Of Ed/Navient  
PO Box 9635  
Wilkes Barre, PA 18773**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.42** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Direct TV  
Corporate Office  
PO Box 6550  
Englewood, CO 80155**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.19** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Direct TV  
Corporate Office  
PO Box 6550  
Englewood, CO 80155**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.20** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Dish Network  
9601 S. Meridian Boulevard  
Englewood, CO 80112**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Dish Network  
9601 S. Meridian Boulevard  
Englewood, CO 80112**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.33** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Dish Network**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.5** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **David PazCaballero**

Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

**9601 S. Meridian Boulevard  
Englewood, CO 80112**

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Diversified Consultant  
10550 Deerwood Park Blvd  
Jacksonville, FL 32256**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.47** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Enterprise Recovery Systems, Inc  
2000 York Road, Suite 114  
Oak Brook, IL 60523**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.29** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Fingerhut  
6250 Ridgewood Road  
Saint Cloud, MN 56303**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.91** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Galaxay Asset Purchasing, LLC  
10750 Hammerly Blvd #200  
Las Vegas, NV 89109**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.80** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Great American Finance  
20 N Wacker Dr Ste 2275  
Chicago, IL 60606**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.66** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Harvard Collection Services, Inc.  
4839 N. Elston Avenue  
Chicago, IL 60630**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.2** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Holy Cross Hospital  
2701 W. 68th Street  
Chicago, IL 60629**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.104** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**IC Systems, Inc  
PO Box 64378  
Saint Paul, MN 55164**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.74** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**International Academy of Design  
and Tech  
1 North State Street, Suite 500  
Chicago, IL 60602**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.55** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Jefferson Capital Systems  
Po Box 953185  
Saint Louis, MO 63195**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.91** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Jefferson Capital Systems  
Po Box 953185  
Saint Louis, MO 63195**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.128** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **David PazCaballero**

Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

Last 4 digits of account number

Name and Address

**Jefferson Capital Systems  
Po Box 953185  
Saint Louis, MO 63195**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.21** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Jeremy W. Katz  
930 Montgomery Street, 6th Floor  
San Francisco, CA 94133**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.28** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Lewis University  
One University Parkway  
Romeoville, IL 60446**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.149** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Linebarger Gogga Blair & Sampson,  
LLP  
900 Arion Parkway, Suite 104  
San Antonio, TX 78216**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.2** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**LVNV Funding LLC  
PO Box 10497  
Greenville, SC 29603**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.17** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Navient  
PO Box 9500  
Wilkes Barre, PA 18773**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.92** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Navient  
PO Box 9500  
Wilkes Barre, PA 18773**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.93** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**NCO Financial System  
507 Prudential Road  
Horsham, PA 19044**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.75** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Nicor Gas  
1844 Ferry Road  
Naperville, IL 60563**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.68** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Northwestern College  
4811 N. Milwaukee Ave  
Chicago, IL 60630**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.134** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**PLS Financial Solutions of Illinois,  
Inc  
17W625 Roosevelt Road  
Oak Brook Terrace, IL 60181**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.103** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1 **David PazCaballero**  
 Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

Name and Address  
**Progressive Insurance**  
 4333 Transworld Road  
 Schiller Park, IL 60176

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.94 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Progressive Insurance**  
 4333 Transworld Road  
 Schiller Park, IL 60176

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.95 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Progressive Insurance**  
 4333 Transworld Road  
 Schiller Park, IL 60176

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.96 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Savvier Direct**  
 7850 Ruffner Avenue  
 Van Nuys, CA 91406

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.122 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Scott Lawn Service**  
 P.O Box 742585  
 Cincinnati, OH 45274

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.9 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Sprint**  
 6391 Sprint Parkway  
 Overland Park, KS 66251

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.57 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Tfc Credit**  
 2010 Crow Canyon Place  
 San Ramon, CA 94583

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.133 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**TRS Recovery Services, Inc.**  
 5251 Wesstheimer  
 Houston, TX 77056

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.133 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**9377**

Name and Address  
**US Department of Education**  
 400 Maryland Avenue, SW  
 Washington, DC 20202

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Us Dept Ed**  
 PO Box 4222  
 Iowa City, IA 52244

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.143 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Us Dept Ed**  
 PO Box 4222  
 Iowa City, IA 52244

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.144 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Us Dept Ed**  
 PO Box 4222

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.145 of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **David PazCaballero**

Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

**Iowa City, IA 52244**

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Verizon Wireless**

**1 Verizon Place**

**Alpharetta, GA 30004**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.98 of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Village Of Schaumburg**

**101 Schaumburg Court**

**Schaumburg, IL 60193**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.110 of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		<b>Total Claim</b>
<b>Total claims from Part 1</b>	<b>6a. Domestic support obligations</b>	6a. \$ <b>0.00</b>
	<b>6b. Taxes and certain other debts you owe the government</b>	6b. \$ <b>2,964.72</b>
	<b>6c. Claims for death or personal injury while you were intoxicated</b>	6c. \$ <b>0.00</b>
	<b>6d. Other.</b> Add all other priority unsecured claims. Write that amount here.	6d. \$ <b>0.00</b>
	<b>6e. Total Priority.</b> Add lines 6a through 6d.	6e. \$ <b>2,964.72</b>
<b>Total claims from Part 2</b>	<b>6f. Student loans</b>	6f. \$ <b>133,473.67</b>
	<b>6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims</b>	6g. \$ <b>0.00</b>
	<b>6h. Debts to pension or profit-sharing plans, and other similar debts</b>	6h. \$ <b>0.00</b>
	<b>6i. Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ <b>207,229.59</b>
	<b>6j. Total Nonpriority.</b> Add lines 6f through 6i.	6j. \$ <b>340,703.26</b>

Fill in this information to identify your case:

Debtor 1	<b>David PazCaballero</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Rosa Maria PazCaballero</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Versailles at Oakbrook Associates Owner 17 W. 720 Butterfield Road Oakbrook Terrace, IL 60181	Residential Lease - \$2,345.00 per month from 1/28/16 through 7/27/2017

Fill in this information to identify your case:

Debtor 1	<b>David PazCaballero</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Rosa Maria PazCaballero</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

**Column 1: Your codebtor**

Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.1

Name

Number      Street      State      ZIP Code

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

3.2

Name

Number      Street      State      ZIP Code

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<b>David PazCaballero</b>
Debtor 2 (Spouse, if filing)	<b>Rosa Maria PazCaballero</b>
United States Bankruptcy Court for the:	<b>NORTHERN DISTRICT OF ILLINOIS</b>
Case number (If known)	

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed
Occupation	<b>Manager</b>	
Employer's name	<b>SAC Wireless</b>	
Employer's address	<b>540 W. Madison 16th Floor Chicago, IL 60661</b>	

How long employed there? **4 years**

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <b>4,583.35</b>	\$ <b>0.00</b>
3. Estimate and list monthly overtime pay.	3. +\$ <b>0.00</b>	+\$ <b>0.00</b>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <b>4,583.35</b>	\$ <b>0.00</b>

Debtor 1 **David PazCaballero**  
 Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

Copy line 4 here .....	For Debtor 1	For Debtor 2 or non-filing spouse
5. List all payroll deductions:	4. \$ <u>4,583.35</u>	\$ <u>0.00</u>
5a. Tax, Medicare, and Social Security deductions	5a. \$ <u>496.47</u>	\$ <u>0.00</u>
5b. Mandatory contributions for retirement plans	5b. \$ <u>0.00</u>	\$ <u>0.00</u>
5c. Voluntary contributions for retirement plans	5c. \$ <u>0.00</u>	\$ <u>0.00</u>
5d. Required repayments of retirement fund loans	5d. \$ <u>0.00</u>	\$ <u>0.00</u>
5e. Insurance	5e. \$ <u>820.95</u>	\$ <u>0.00</u>
5f. Domestic support obligations	5f. \$ <u>0.00</u>	\$ <u>0.00</u>
5g. Union dues	5g. \$ <u>0.00</u>	\$ <u>0.00</u>
5h. Other deductions. Specify: _____	5h.+ \$ <u>0.00</u>	+ \$ <u>0.00</u>
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <u>1,317.42</u>	\$ <u>0.00</u>
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ <u>3,265.93</u>	\$ <u>0.00</u>
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <u>0.00</u>	\$ <u>0.00</u>
8b. Interest and dividends	8b. \$ <u>0.00</u>	\$ <u>0.00</u>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <u>0.00</u>	\$ <u>0.00</u>
8d. Unemployment compensation	8d. \$ <u>0.00</u>	\$ <u>1,309.00</u>
8e. Social Security	8e. \$ <u>0.00</u>	\$ <u>0.00</u>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ <u>0.00</u>	\$ <u>0.00</u>
8g. Pension or retirement income	8g. \$ <u>0.00</u>	\$ <u>0.00</u>
8h. Other monthly income. Specify: <u>VA Disability</u>	8h.+ \$ <u>1,845.13</u>	+ \$ <u>0.00</u>
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <u>1,845.13</u>	\$ <u>1,309.00</u>
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <u>5,111.06</u>	+ \$ <u>1,309.00</u> = \$ <u>6,420.06</u>
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. +\$ <u>0.00</u>	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$ <u>6,420.06</u>	
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1	<b>David PazCaballero</b>
Debtor 2	<b>Rosa Maria PazCaballero</b>
(Spouse, if filing)	
United States Bankruptcy Court for the:	<b>NORTHERN DISTRICT OF ILLINOIS</b>
Case number (If known)	

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Is this a joint case?

No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

##### 2. Do you have dependents? No

Do not list Debtor 1 and  
Debtor 2.

Yes.

Fill out this information for  
each dependent.....

Dependent's relationship to  
Debtor 1 or Debtor 2

Dependent's  
age

Does dependent  
live with you?

Do not state the  
dependents names.

Son

3

No  
 Yes  
 No  
 Yes  
 No  
 Yes  
 No  
 Yes

Son

10

##### 3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know  
the value of such assistance and have included it on Schedule I: Your Income  
(Official Form 106I).

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **2,345.00**

#### Your expenses

##### If not included in line 4:

4a. Real estate taxes  
4b. Property, homeowner's, or renter's insurance  
4c. Home maintenance, repair, and upkeep expenses  
4d. Homeowner's association or condominium dues  
5. Additional mortgage payments for your residence, such as home equity loans

4a. \$ **0.00**  
4b. \$ **0.00**  
4c. \$ **0.00**  
4d. \$ **0.00**  
5. \$ **0.00**

Debtor 1 **David PazCaballero**  
 Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

6. <b>Utilities:</b>	6a. Electricity, heat, natural gas	6a. \$ <b>250.00</b>
	6b. Water, sewer, garbage collection	6b. \$ <b>0.00</b>
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <b>550.00</b>
	6d. Other. Specify: _____	6d. \$ <b>0.00</b>
7. <b>Food and housekeeping supplies</b>	7. \$ <b>650.00</b>	
8. <b>Childcare and children's education costs</b>	8. \$ <b>100.00</b>	
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$ <b>250.00</b>	
10. <b>Personal care products and services</b>	10. \$ <b>225.00</b>	
11. <b>Medical and dental expenses</b>	11. \$ <b>130.00</b>	
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <b>535.00</b>	
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ <b>100.00</b>	
14. <b>Charitable contributions and religious donations</b>	14. \$ <b>28.00</b>	
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ <b>100.00</b>	
15b. Health insurance	15b. \$ <b>0.00</b>	
15c. Vehicle insurance	15c. \$ <b>385.26</b>	
15d. Other insurance. Specify: _____	15d. \$ <b>0.00</b>	
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <b>0.00</b>	
17. <b>Installment or lease payments:</b>		
17a. Car payments for Vehicle 1	17a. \$ <b>591.52</b>	
17b. Car payments for Vehicle 2	17b. \$ <b>318.97</b>	
17c. Other. Specify: _____	17c. \$ <b>0.00</b>	
17d. Other. Specify: _____	17d. \$ <b>0.00</b>	
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$ <b>0.00</b>	
19. <b>Other payments you make to support others who do not live with you.</b> Specify: _____	\$ <b>0.00</b>	
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>		
20a. Mortgages on other property	20a. \$ <b>0.00</b>	
20b. Real estate taxes	20b. \$ <b>0.00</b>	
20c. Property, homeowner's, or renter's insurance	20c. \$ <b>0.00</b>	
20d. Maintenance, repair, and upkeep expenses	20d. \$ <b>0.00</b>	
20e. Homeowner's association or condominium dues	20e. \$ <b>0.00</b>	
21. <b>Other:</b> Specify: <b>IPass</b>	21. +\$ <b>100.00</b>	
<b>Pet care</b>	+\$ <b>60.00</b>	
22. <b>Calculate your monthly expenses</b>		
22a. Add lines 4 through 21.	\$ <b>6,718.75</b>	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ <b>6,718.75</b>	
22c. Add line 22a and 22b. The result is your monthly expenses.		
23. <b>Calculate your monthly net income.</b>		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ <b>6,420.06</b>	
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <b>6,718.75</b>	
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$ <b>-298.69</b>	
24. <b>Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes.	Explain here: <b>The debt owed on the 2006 Chevrolet Avalanche will be paid off in approximately two months so that the debtors will no longer have the monthly payment of \$318.97 per month.</b>	

Fill in this information to identify your case:

Debtor 1	<b>David PazCaballero</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Rosa Maria PazCaballero</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ David PazCaballero

**David PazCaballero**  
Signature of Debtor 1

Date April 7, 2017

X /s/ Rosa Maria PazCaballero

**Rosa Maria PazCaballero**  
Signature of Debtor 2

Date April 7, 2017

Fill in this information to identify your case:

Debtor 1	<b>David PazCaballero</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Rosa Maria PazCaballero</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married  
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

15210 Radford Lane  
Villa Park, IL 60181

Dates Debtor 1  
lived there

From-To:  
04/2014 - 08-2014

Debtor 2 Prior Address:

Same as Debtor 1

Dates Debtor 2  
lived there

Same as Debtor 1  
From-To:

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

#### Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No  
 Yes. Fill in the details.

Debtor 1	Debtor 2
Sources of income Check all that apply.	Sources of income Check all that apply.

From January 1 of current year until  
the date you filed for bankruptcy:

	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	\$14,807.73	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	\$0.00
	<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business	

Debtor 1 **David PazCaballero**  
Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

	<b>Debtor 1</b> <b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)	<b>Debtor 2</b> <b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)
<b>For last calendar year:</b> <b>(January 1 to December 31, 2016 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$47,053.14</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$14,515.51</b>
<b>For the calendar year before that:</b> <b>(January 1 to December 31, 2015 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$54,684.70</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$29,816.92</b>

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No  
 Yes. Fill in the details.

	<b>Debtor 1</b> <b>Sources of income</b> Describe below.	<b>Gross income from each source</b> (before deductions and exclusions)	<b>Debtor 2</b> <b>Sources of income</b> Describe below.	<b>Gross income</b> (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<b>Military disability</b>	<b>\$3,690.26</b>		
	<b>Unemployment</b>	<b>\$0.00</b>	<b>Unemployment</b>	<b>\$3,927.00</b>
		<b>\$0.00</b>	<b>Disability</b>	<b>\$0.00</b>
<b>For last calendar year:</b> <b>(January 1 to December 31, 2016 )</b>	<b>Military disability</b>	<b>\$22,141.56</b>		
	<b>Unemployment</b>	<b>\$0.00</b>	<b>Unemployment</b>	<b>\$0.00</b>
		<b>\$0.00</b>	<b>Disability</b>	<b>\$6,221.60</b>
<b>For the calendar year before that:</b> <b>(January 1 to December 31, 2015 )</b>	<b>Military disability</b>	<b>\$21,497.76</b>		
	<b>Unemployment</b>	<b>\$0.00</b>	<b>Unemployment</b>	<b>\$0.00</b>
		<b>\$0.00</b>	<b>Disability</b>	<b>\$0.00</b>

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

No. Go to line 7.  
 Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do

Debtor 1 **David PazCaballero**

Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
AmeriCredit/GM Financial PO Box 183853 Arlington, TX 76096	Last Three Months	\$1,773.00	\$29,792.00	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Futre Financ 15859 S Ridgeland Oak Forest, IL 60452	Last Three Months	\$957.00	\$956.00	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
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8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
---------------------------	--------------------	-----------------	--------------------

Debtor 1 **David PazCaballero**Debtor 2 **Rosa Maria PazCaballero**

Case number (if known)

Case title Case number	Nature of the case	Court or agency	Status of the case
<b>City of Chicago v Rosa Maria PazCaballero 2012 M1 673707</b>	<b>Civil</b>	<b>Cook County Circuit Court Richard J. Daley Center 50 W. Washington, Room 702 Chicago, IL 60602</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
<b>City of Chicago v David PazCaballero 2010 M1 660869</b>	<b>Civil</b>	<b>Cook County Circuit Court Richard J. Daley Center 50 W. Washington, Room 702 Chicago, IL 60602</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
<b>Urbina Rosalba v David PazCaballero &amp; Rosa Maria PazCaballero 2009 M1 145927</b>	<b>Civil</b>	<b>Cook County Circuit Court Richard J. Daley Center 50 W. Washington, Room 702 Chicago, IL 60602</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
<b>PEOPLE OF THE STATE OF IL v Rosa Maria PazCaballero 2012 TR 138125</b>	<b>Traffic</b>	<b>Dupage County Circuit Court 421 N. County Farm Road Wheaton, IL 60187</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
<b>CITY OF LOMBARD v Rosa Maria PazCaballero 2012 TR 032606</b>	<b>Traffic</b>	<b>Dupage County Circuit Court 421 N. County Farm Road Wheaton, IL 60187</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
<b>PEOPLE OF THE STATE OF IL v Rosa Maria PazCaballero 2007 TR 049184</b>	<b>Traffic</b>	<b>Dupage County Circuit Court 421 N. County Farm Road Wheaton, IL 60187</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
<b>VILLAGE OF GLENDALE HEIGHTS v David PazCaballero 2017 TR 016665</b>	<b>Traffic</b>	<b>Dupage County Circuit Court 421 N. County Farm Road Wheaton, IL 60187</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
<b>VILLAGE OF VILLA PARK v David PazCaballero 2016 TR 105142</b>	<b>Traffic</b>	<b>Dupage County Circuit Court 421 N. County Farm Road Wheaton, IL 60187</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
<b>PEOPLE OF THE STATE OF IL v David PazCaballero 2011 TR 070311</b>	<b>Traffic</b>	<b>Dupage County Circuit Court 421 N. County Farm Road Wheaton, IL 60187</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
<b>CITY OF LOMBARD v David PazCaballero 2009 TR 073763</b>	<b>Traffic</b>	<b>Dupage County Circuit Court 421 N. County Farm Road Wheaton, IL 60187</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
<b>Laura Jiminez v David PazCaballero &amp; Rosa Maria PazCaballero 2006 M4 000529</b>	<b>Civil</b>	<b>Cook County Circuit Court Richard J. Daley Center 50 W. Washington, Room 702 Chicago, IL 60602</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

Debtor 1 **David PazCaballero**  
Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?  
Check all that apply and fill in the details below.

No. Go to line 11.  
 Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
Explain what happened			

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No  
 Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
Explain what happened			

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No  
 Yes

#### Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No  
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			
Jennifer Quiroga Unknown	Baby stuff	5/2015	\$1,000.00

Person's relationship to you: **Cousin**

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No  
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
Ascension of Our Lord Church 1S314 Summit Avenue Oakbrook Terrace, IL 60181	Cash	Last 12 months	\$260.00

#### Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No  
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Explain what happened			

Debtor 1 **David PazCaballero**  
Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Lost earring	Insurance paid for the loss	4/30/2016	\$1,037.88
2016 Chevy Malibu damaged when hit pothole	Insurance covered the loss minus \$150.00 deductible	10/26/2016	\$497.57
2006 Chevrolet Avalanche damaged	Insurance covered damage to the other vehicle	12/12/16	Unknown

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

 No Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Sulaiman Law Group LTD 900 Jorie Blvd Ste 150 Oak Brook, IL 60523 courtinfo@sulaimanlaw.com	\$1,775.00 Attorney Fees plus \$335.00 filing fee plus \$140.00 credit counseling and financial management course certificates, merged three bureau credit report and tax transcripts.	10/3/2016, 10/4/2016, 10/11/2016, 11/17/2016, & 12/21/2016	\$2,250.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

 No Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
--------------------------------	---	-----------------------------------	-------------------

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

 No Yes. Fill in the details.

Person Who Received Transfer Address Person's relationship to you	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Zeigler Chevrolet 1230 E Golf Rd Schaumburg, IL 60173	2010 Chevy Cobalt traded in to purchase the 2016 Chevrolet Malibu		2/2016

None

Debtor 1 **David PazCaballero**  
 Debtor 2 **Rosa Maria PazCaballero**

Case number (if known)

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No  
 Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	------------------------

**Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No  
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No  
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No  
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No  
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
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**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Debtor 1 **David PazCaballero**  
 Debtor 2 **Rosa Maria PazCaballero**

Case number (if known)

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No  
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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25. Have you notified any governmental unit of any release of hazardous material?

No  
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No  
 Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
 A member of a limited liability company (LLC) or limited liability partnership (LLP)  
 A partner in a partnership  
 An officer, director, or managing executive of a corporation  
 An owner of at least 5% of the voting or equity securities of a corporation  
 No. None of the above applies. Go to Part 12.  
 Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.
PazCaballero Services 17W726 Butterfield Road Apt 218 Oakbrook Terrace, IL 60181	Notary services and free lance paralegal	Dates business existed EIN: From-To 8/2013 - Present

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No  
 Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
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Debtor 1 **David PazCaballero**

Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

*/s/ David PazCaballero*

David PazCaballero  
Signature of Debtor 1

*/s/ Rosa Maria PazCaballero*

Rosa Maria PazCaballero  
Signature of Debtor 2

Date April 7, 2017

Date April 7, 2017

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No  
 Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	<b>David PazCaballero</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Rosa Maria PazCaballero</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

## Official Form 108

## Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
---	---	---

Creditor's name: **AmeriCredit/GM Financial**

- Surrender the property.
- Retain the property and redeem it.
- Retain the property and enter into a *Reaffirmation Agreement*.
- Retain the property and [explain]: \_\_\_\_\_

No

Yes

Description of property securing debt: **2016 Chevrolet Malibu Limited LT 25,868 miles Value according to www.nada.com**

Creditor's name: **Futre Financ**

- Surrender the property.
- Retain the property and redeem it.
- Retain the property and enter into a *Reaffirmation Agreement*.
- Retain the property and [explain]: \_\_\_\_\_

No

Yes

Description of property securing debt: **2006 Chevrolet Avalanche Crew Cab 1500 180,430 miles Value according to www.nada.com**

Creditor's name: **Garcia Auto Repair**

- Surrender the property.
- Retain the property and redeem it.
- Retain the property and enter into a *Reaffirmation Agreement*.

No

Yes

Description of property: **1997 Cadillac Deville**

Debtor 1 **David PazCaballero**  
Debtor 2 **Rosa Maria PazCaballero**

Case number (if known) \_\_\_\_\_

property **Inoperable**  
securing debt:

Retain the property and [explain]:  
\_\_\_\_\_

**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

**Describe your unexpired personal property leases**

**Will the lease be assumed?**

Lessor's name: **Versailles at Oakbrook Associates Owner**

No

Yes

Description of leased Property: **Residential Lease - \$2,345.00 per month from 1/28/16 through 7/27/2017**

**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

**X /s/ David PazCaballero**

**David PazCaballero**

Signature of Debtor 1

**X /s/ Rosa Maria PazCaballero**

**Rosa Maria PazCaballero**

Signature of Debtor 2

Date **April 7, 2017**

Date **April 7, 2017**

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

**You are an individual filing for bankruptcy,**  
and

**Your debts are primarily consumer debts.**  
*Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

### You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### Chapter 7: Liquidation

\$245	filin	g fee
\$75	adminis	trative fee
+ <u>      </u>	\$15	trustee surcharge
<u>      </u>		
\$335 total fee		

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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## Chapter 11: Reorganization

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\$1,167	filings fee
+ \$550	administrative fee
\$1,717 total fee	

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

## **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

**You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.**

**Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

## **Chapter 12: Repayment plan for family farmers or fishermen**

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

## Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,  
most student loans,  
certain taxes,  
debts for fraud or theft,  
debts for fraud or defalcation while acting in a fiduciary capacity,  
most criminal fines and restitution obligations,  
certain debts that are not listed in your bankruptcy papers,  
certain debts for acts that caused death or personal injury, and  
certain long-term secured debts.

### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

[http://www.uscourts.gov/bkforms/bankruptcy\\_form\\_s.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure).

### **Bankruptcy crimes have serious consequences**

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### **Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### **Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: [http://justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html).

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

**United States Bankruptcy Court  
Northern District of Illinois**

In re **David PazCaballero  
Rosa Maria PazCaballero**

Debtor(s)

Case No.

Chapter

**7**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$ <b>1,775.00</b>
Prior to the filing of this statement I have received .....	\$ <b>1,775.00</b>
Balance Due .....	\$ <b>0.00</b>

2. \$ **335.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

Debtor  Other (specify):

4. The source of compensation to be paid to me is:

Debtor  Other (specify):

5.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- [Other provisions as needed]

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, relief from stay actions, motions to redeem property under 11 U.S.C. 722, preparation and filing of reaffirmation agreements and applications as needed or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

April 7, 2017

Date

/s/ Orlando Velazquez

**Orlando Velazquez**

*Signature of Attorney*

**Sulaiman Law Group, Ltd.**

**900 Jorie Boulevard**

**Suite 150**

**Oak Brook, IL 60523**

**630-575-8181 Fax: 630-575-8188**

**courtinfo@sulaimanlaw.com**

*Name of law firm*

**SULAIMAN LAW GROUP, LTD**

**ATTORNEY – CLIENT LEGAL SERVICES AGREEMENT**

**OUR LAW FIRM IS A DEBT RELIEF AGENCY. WE HELP PEOPLE FILE FOR BANKRUPTCY RELIEF UNDER THE BANKRUPTCY CODE.**

In consideration for services to be rendered to undersigned Clients Rosa M. Pazcaballero and David Pazcaballero of 17W726 Butterfield Road, Oak Brook Terrace, IL 60181 ("Client") by Sulaiman Law Group, LTD ("Attorney") located at 900 Jorie Blvd. Suite 150, Oak Brook, IL 60523, in connection with representing Client regarding bankruptcy matters, Client, jointly and severally agrees to pay Attorney as follows:

1. An estimated amount of 2250.00 is required to be paid for representation in Client bankruptcy case. At least \$ \_\_\_\_\_ is to be paid by Client before Attorney begins work on Client's petition. The remaining balance is due when Client's petition is filed.

*27c*  
A partial retainer of \$ 100 was paid on September 26, 2016 leaving a balance of \$ \_\_\_\_\_ due prior to the petition being filed. A retainer is an advance payment for Attorney services and the expenses Attorney may incur on Clients behalf and does cover the court filing fee. Attorney has agreed to pay all costs related to federal filing fees and credit counseling as part of the retainer. Client understands that such amount will be credited against any amount Client owes Attorney.

Client acknowledges that if any check given in payment to Attorney is returned for insufficient funds, Client agrees to immediately pay Attorney a \$40.00 fee in addition to the amount of the returned check. This payment and any future payments must therefore be made in cash, money order or debit card.

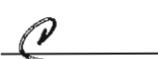
Client acknowledges that any postage required for noticing motions related to the bankruptcy may be charged to Client, depending on the motion and the cost of postage.

Client acknowledges that there is a \$250 fee in the event the Client fails to attend the 341 Creditor's Meeting without notifying the attorney 24 hours in advance.

Client acknowledges that failure to appear at two consecutive 341 Creditor's Meeting may result in the dismissal of the case.

Client has duty to provide Attorney with all documentation necessary for representation (paystubs, tax returns, completed general information intake, etc.) within 7 days of retention. By initialing below, Client acknowledges this duty:

Client Initial Here



Client Initial Here



Client acknowledges there is a \$250 fee if Client fails to provide Attorney within 60 days of retention all required documents (paystubs, tax returns, completed general information intake, etc.) for Attorney to draft Client's petition.

Client acknowledges that failure to make any payments on ANY SECURED debt may result in the repossession or foreclosure of real or personal property. Client acknowledges that payments on secured debts must still be paid if Client wishes to retain the property (car, home, etc.)

Client acknowledges that filing bankruptcy will sever personal liability of most debts incurred prior to filing of bankruptcy. Once a bankruptcy discharge is obtained, Client's credit report will

Client Initial Here



Client Initial Here



not reflect timely payments made on debts prior to filing bankruptcy unless a reaffirmation agreement is entered into with the creditor.

Client acknowledges that a creditor is not obligated to enter into a reaffirmation agreement reaffirming the debt owed by Client. A reaffirmation agreement MUST be entered into bilaterally and CAN NOT be forced upon creditor or Client.

Client acknowledges there is a \$275 fee for Attorney to execute up to 2 reaffirmation agreements on behalf of Client. In the event Client wishes to opt in for this service, the Attorney shall review the reaffirmation agreement and represent the Client at hearing if one is required. There shall be a \$150 fee for any additional reaffirmation agreements.

Client acknowledges that Attorney cannot guarantee that a Chapter 7 will be successful and will use his best efforts in order to facilitate a successful Chapter 7 filing. Client acknowledges that passing the means test does not guarantee that Client will be able to file a successful Chapter 7.

Client acknowledges that the US Trustee has the right to dismiss a Chapter 7 case if it believes the case is abusive. In the event the US Trustee files a motion to dismiss for substantial abuse, Client has two options: 1) engage Attorney to defend against such a motion at a rate of \$275/hr or convert to a Chapter 13. Client acknowledges that converting to a Chapter 13 will require a new retainer at a fee to be discussed by Attorney and Client. Client acknowledges that the fee for the Chapter 7 will not be credited toward the fee for a Chapter 13 filing.

This is a Classic Retainer, and Client acknowledges that all fees paid to Attorney are fees earned under said Classic Retainer. Attorney shall pay all fees associated as needed relating to all work contemplated herein by this representation. Unless stated otherwise, no fees shall be placed into any trust account. Client will not receive a refund of legal fees paid for any reason. In the event that the case is not filed with the bankruptcy court for any reason, the money tendered to Sulaiman Law Group will not be refunded to Client under any circumstances.

Client acknowledges the case will not be filed with the court unless all fees for a Chapter 7 are paid and Client has reviewed and signed off on their bankruptcy schedules.

Client acknowledges Attorney will use his best efforts to file Client's Bankruptcy Petition within 30-60 days of final payment AND complete documentation submission to Attorney's office.

Client hereby authorizes Attorney to obtain information about Client's assets, prior addresses, liens, judgments, prior bankruptcy filings, motor vehicle registrations, voter registration, and other public and non-public information that will be used to verify and ensure the completeness of the information Client provides Attorney.

Client acknowledges that a secured creditor, at its discretion, may choose to exercise its state/contractual rights as to the collateral in the event the Client does not reaffirm on the debt.

Client acknowledges that a secured creditor will not positively report payments to the major credit bureaus on a debt that has not been reaffirmed.

Client acknowledges that a creditor may enforce, at their discretion, any setoff provision in a contract previously entered into.

Client Initial Here 

Client Initial Here 

Client acknowledges that filing bankruptcy may be grounds for default of certain contractual obligations, and therefore, the loan may be accelerated and become due against the Client and/or co-signer. (Ex: Student loans)

**Client acknowledges that there are inherent risks for filing a Chapter 7 bankruptcy, including the fact that property may be liquidated (sold) by the Chapter 7 Trustee to pay debts in some cases. Client also acknowledges that the 2005 amendments to the Bankruptcy Code are subject to different interpretations and that there are inherent risks in the how the Judges and Courts will apply various provisions. Examples include but are not limited to the calculation of income, how and when to liquidate assets or property, what exemptions apply to protect Client's property, whether property may be sold to satisfy domestic support obligations, and whether Client qualifies for a Chapter 7.**

**Client acknowledges that he/she has affirmative duty to notify Attorney of any sale date relating to any real property that is pending or is scheduled during representation. Client acknowledges that Attorney does not receive notice of any sale date relating to any real property from any third party. Client agrees to hold Attorney harmless in the event the case is filed after a sale date in which Client did not notify Attorney.**

2. Attorney reserves the right to withdraw from Client representation if, among other things, Client fails to honor the terms of this Agreement, including non-payment of Attorney and court filing fees; Client fails to cooperate or follow advice on a material matter, or if any fact or circumstance arises or is discovered that would render continuing representation unlawful or unethical. Client is aware of an ethical requirement imposed upon all Attorneys in this state. If a Client, in the course of representation by an Attorney, perpetrates a fraud upon any person or tribunal, the Attorney is obligated to call upon the Client to rectify the same. If the Client refuses or is unable to do so, the Attorney is required to reveal the fraud to the affected person or tribunal.

3. Since the outcome of negotiations and litigation is subject to factors which cannot always be foreseen, Client acknowledges and understands that Attorney has made no promises or guarantees to Client concerning the outcome and is unable do so. Nothing in this Bankruptcy Retainer Agreement shall be construed as such a promise or guarantee. Attorney cannot guarantee that Client will qualify for a Chapter 7.

4. Client agrees that Attorney may discard Client records after five (5) years of the completion of the Client's bankruptcy case.

5. Attorney shall provide Client with the following services:

- a. Review and analyze Client's financial circumstances based on information provided by Client.
- b. If possible and to the extent possible, based on the information provided by Client, advise Client of the Client's options, including but not limited to bankruptcy options.
- c. Inform Client what information Client needs to provide Attorney in order to allow Attorney to provide appropriate advice and option information, in the event such information Client provided is insufficient.

Client Initial Here 

Client Initial Here 

- d. Advise Client of the appropriate requirements in connection with the filing of a Chapter 7 bankruptcy, including the duties of Client connected with such filing.
- e. Quote the Client an estimated fee, to the extent possible given the information provided by Client, for the Attorney's service relative to providing bankruptcy assistance or other legal services to Client.
- f. Assuming that a U.S. Bankruptcy proceeding is filed, Attorney services will include all typical Attorney required participation in such proceeding, including but not limited to, appearances at Court hearings, preparation of legal memoranda, and communication with opposing counsel and parties.
- g. If Client's proceeding requires additional, but not customary work, Attorney will inform Client directly, and enter into a separate written contract for such services to fully apprise Client of the fees, payment requirements, and expected services to be provided.

6. Client acknowledges his/her obligation to make full and complete disclosure of all assets and all liabilities, and to provide all documents and information requested by the Attorney, before the bankruptcy petition can be prepared and filed with the court including but not limited to the following:

- Accurate and complete information for Client's bankruptcy petition, schedules, and statement of financial affairs.
- Disclosure of all lawsuits Client is involved in whether Client is a plaintiff or defendant, even if they haven't started in court yet.
- Disclosure of all transfers of property to friends or relatives within the past 4 years.
- Disclosure of all transfers of anything for less than it was worth within the past 4 years.
- Disclosure of all payments to creditors within 90 days before Client files their bankruptcy case.
- Disclosure of all payments made to friends or relatives on account of debts within the year before Client files bankruptcy case.
- Client decision to keep, surrender, or redeem (refinance) loans secured by real estate or personal property and indicate that on Client bankruptcy petition.
- Submission of most recent income tax return or tax transcript and Client's two most recent "pay advices" or "pay stubs" at the time of filing.
- Full cooperation with the bankruptcy trustee appointed to oversee Client's case.
- If Client's case is selected for audit, Client must cooperate with the auditor.
- Appearance at the "meeting of creditors" with the trustee appointed to oversee Client's case, which will happen within 30-40 days of filing. Failure to attend the meeting without notifying the attorney will result in a \$250 fine.

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- Completion of any reaffirmation agreement within 45 days after the date first scheduled for Client's first meeting of creditors.

7. In addition to the obligations and duties set forth in Paragraph 6; Client acknowledges that the following must be performed before eligibility for a Chapter 7 is determined:

#### **"MEANS TEST" ANALYSIS**

##### **Before you can file a Chapter & case- and get a discharge of all your debts.**

Congress requires that Client prove that Chapter 7 case is not an "abuse" of the bankruptcy system. People who make less than the median income for their family- size are not presumed to be abusing the system by filing Chapter 7. Attorney will still have to examine Client's budget of income and expenses to see if Client's case might be considered to be an abuse. People who have disposable income are supposed to file Chapter 13 cases in most instances.

People earning more than the median income are presumed to be abusing the bankruptcy system by filing Chapter 7 unless they pass the "means test". To determine whether Client passes the "means test", Attorney will complete a detailed analysis.

In order for Attorney to determine whether Client is eligible to file a Chapter 7 case, Attorney has to analyze and evaluate Client's financial situation. And in order to do this, Attorney is required to perform a "means test analysis". To do this, Client must provide the following documents to Attorney:

- Pay stubs or payment advices from Client's salaried employment for the past six months.
  - If Client has not been employed during this period, Client must give Attorney employment records including payments of unemployment benefits.
  - If Client is self-employed, Client must give Attorney evidence of Client's gross income and any business expenses deducted from Client's gross income for the past six months.
  - We must have records from the six month period before your filing date. If we have to redo your means test because your filing is delayed, we will charge additional fees.

If you earn less than the median income for a family size, you "pass" the means test without the need for additional analysis. However, if you make more than the median income, you must provide additional information for us to determine if you are eligible to file a Chapter 7 case.

**Here is the data we absolutely need to perform the mandatory means test analysis as prescribed by Congress for those earning more than the median income.** Please have it ready if we request it. Client may want to check-off each item as Client gathers and send his records.

- Last 90 days of bills that Client received from creditors regardless whether paid or not.
- Last 90 days of bank statements and check registers

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- Documents regarding any sale or transfer of any property within the last 2 years
- Documents regarding any transfer or payments to relatives within the last 2 years
- Income Tax Returns for the past 3 years
- Copies of motor vehicle certificates of title
- Copies of mortgages recorded against Client's real estate
- Copies of any listing contracts for Client's real estate
- Copies of any pension plan, IRA or other retirement accounts and data concerning any withdrawals within the past 6 months
- Copies of life insurance policies Client currently owns, practically with cash surrender value
- Copies of any pleadings for any lawsuit involving Client
- Copies of any financing documents for any refinancing or non-purchase money, second or third mortgage loans obtained within the last 3 years
- Copies of most recent bills on mortgages, auto loan, life and health insurance policies
- Records of actual medical expenses during the past six months
- Records of tuition for private or parochial school paid during the six months
- Records concerning charitable contributions given during the past six months
- Records concerning internet or telecommunication expenses during the past six months
- Records concerning child support or alimony support paid or received during the past six months

Please provide all this information to our office as soon as possible. Attorney cannot even begin to work on Client's bankruptcy petition, statement of financial affairs, or filing until we have completed the "means test analysis." That's because Attorney can't determine Client's bankruptcy eligibility until completion of the "means test".

Once Attorney has completed the means test, Client and Attorney want to get the case filed as soon as possible because the "means test" accounts for Client's situation during the most recent six months. If another month passes, the original means test analysis is no longer valid. Attorney will have to do it again taking into account Client's income and expenses for the most recent month.

In addition, Attorney can't file Client's bankruptcy petition until Client has paid Attorney in full under this Agreement. If Client is not paid in full then any balance owed to Attorney will be discharged in the bankruptcy and can potentially cause a conflict of interest since Attorney has become a creditor of the Clients.

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7. Client acknowledges that passing the "means test" does not guarantee that Client will receive a discharge. Client acknowledges that the US Trustee can file a motion to dismiss even though Client has passed the means test if the US Trustee believes the case is abusive under the "totality of circumstances" test. Attorney will exert his best efforts to avoid such a motion but does not guarantee that such a motion will not be filed. Client acknowledges that the cost of defending against such motion is \$275/hr.

8. Client acknowledges that he/she must attend pre-petition credit counseling before the bankruptcy petition can be filed. Client understands that he/she must also attend post-petition counseling after the bankruptcy petitions is filed and within the time frame allowed by statute. **Client acknowledges that the bankruptcy cannot be filed without the certificate of completion of the pre-bankruptcy credit counseling. Client understands that no discharge of debts will be issued if the post-bankruptcy credit counseling is not completed within the statutory time frame.**

9. Client acknowledges that Attorney does not represent Client in any other type of case including but not limited to any foreclosure proceeding or lawsuits other than Clients current bankruptcy case. The Attorney may make a special appearance in a court, other than the Bankruptcy Court, for the purpose of filing a notification of Clients bankruptcy proceedings, and to suggest to another court that Clients proceedings should be stayed. Sending or receiving any summons or complaint, or notifying the Attorney of a pending lawsuit does not obligate the Attorney to represent Client in that lawsuit or before that court. Any representation of Client in a state court proceeding, including without limitation: collection lawsuits, foreclosure lawsuits, and etc., is not included in this Bankruptcy Retainer Agreement. Any referral made to another Attorney to represent Client is a courtesy only. The Attorney is not associated with any other Attorney outside of the undersigned Attorney's law offices.

10. **Client acknowledges that the Attorney will not research creditor information, including addresses, account numbers, or balances. The Client must provide this information to the Attorney in writing. Failure to do so may result in unscheduled debts subject to non-dischargeability. Attorney will obtain a credit report for the Client but shall not be held accountable for any debts not listed on the Client's credit report. Client acknowledges duty to disclose ALL liabilities and debts. In the event Client forgets a creditor and the case is filed, Attorney will file an amended schedule to include the omitted creditor for a fee of \$100.**

11. Client agrees that the following matters are not included within the scope of this Bankruptcy Retainer Agreement. Client agrees that, as to the matters listed below, the Attorney will not take any action on Clients behalf, without a written request and/or a separate Retainer Agreement and possibly an additional retainer:

- a. Motion for relief or to modify the automatic stay
- b. Motions to revoke a discharge.
- c. Removal of a pending action in another court.
- d. Obtaining title reports.
- e. The determination of real estate or tax liens.
- f. Appeals to the BAP, District Court or Court of Appeals.
- g. Negotiations with Check Systems regarding Client.
- h. Motions to Dismiss Client's bankruptcy case filed by the Trustee, U.S. Trustee, or any creditor.

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- i. Any adversary proceeding filed by the Trustee, U.S. Trustee, or any other party on any basis, including, without limitations, proceedings to determine dischargability of debts including the attendance of 2004 examinations.
- j. Preparing reaffirmation agreements, negotiating the terms of reaffirmation agreements proposed by creditors, motions to redeem personal property, and negotiating reaffirmation agreements when Client's income is not sufficient to rebut the presumption of undue hardship and special circumstances do not warrant the signing of a reaffirmation agreement.
- k. Motion to impose or extend the bankruptcy stay.
- l. Removal or avoidance of any liens attached to Client's personal or real property.

12. Client understands that certain debts cannot be discharged in bankruptcy. Client agrees that Client is still liable to repay any debt not discharged in Client's bankruptcy. Client understands that the debts listed below are common examples of the types of debts that cannot be discharged in bankruptcy. Client further understands that the list of non-dischargeable debts may be expanded by legislation or court decisions and Attorney has no control over the type of debts that may be or become non-dischargeable.

- a. Certain types of taxes, custom duties, or debts to pay taxes or custom duties.
- b. Student loans. Client acknowledges that in rare instances, the student loan provider can charge off the loan and pursue its state remedies against the co-signor of the student loan. Client agrees to hold Attorney harmless, in the event the aforementioned occurs.
- c. Debts owed for spousal or child support.
- d. Debts owed to the spouse, former spouse, or child in a domestic relations proceeding.
- e. Debts arising from a previous bankruptcy wherein discharge of that particular debt was waived.
- f. Debts owed for money, property, services, extension-or-removal, or refinancing of credit, if obtained by false pretenses, or false representations, or actual fraud.
- g. Consumer debts for luxury goods obtained within ninety (90) days of the date of filing of the bankruptcy petition.
- h. Cash advances obtained within seventy (70) days of the date of the filing of the bankruptcy petition.
- i. Debts owed for fraud or defalcation while acting in a fiduciary capacity, or embezzlement or larceny.
- j. Debts owed for fines, penalties, or forfeitures payable to and for the benefit of governmental entity.
- k. Debts owed for death or personal injury arising from the operation of a motor vehicle, boat, or aircraft while intoxicated by drugs or alcohol.

13. Client understands that filing a Chapter 7 bankruptcy does not automatically discharge or remove liens from any real estate. Client agrees that the Attorney will not take any action to avoid (remove) any lien on real estate in a Chapter 7 unless Client specifically authorizes the Attorney to do so in writing. Client agrees that the Attorney will rely on Client's statements concerning ownership of real property and any liens attached to Client's real property. Client agrees that no real estate title search will be conducted. Client agrees that Attorney will not conduct a public records search for lawsuits filed against Client or judgments granted against Client. Client must separately order and pay for a real estate title search, or public records search for lawsuits or judgments, if Client wishes to obtain one. **Client**

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**agrees to hold the Attorney harmless if client later discovers liens, lawsuits or judgments against Client or against Clients real estate.**

14. Client understands that individuals who file for relief under Chapter 7 or Chapter 13 of the Bankruptcy Code are subject to audits by the U.S. Trustee. If Clients case is selected for an audit, Client agrees to pay Attorney the customary hourly rate for representing Client in such audit.

15. Client understands that Attorney may charge additional fees if Client waits longer than ninety (90) days from the first date Attorney is retained to finalize the bankruptcy petition and schedules due to additional due diligence and other update work required to finalize the bankruptcy.

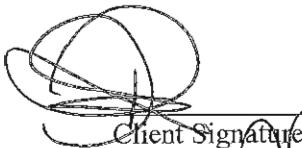
16. Client acknowledges that Client has read and understands all the terms contains in this Bankruptcy Retainer Agreement and that, whether written, spoken, recorded or transcribed by any other means, no other terms are made part of this Bankruptcy Retainer Agreement. Client is in agreement with the terms of this agreement and has signed on the signature lines below.

17. Client acknowledge that Attorney advised Client that conducting attorney-client conversations over cellular telephones, though not necessarily violating attorney-client privilege, involves potential risks of interception and such conversations cannot be considered confidential. Client signature in this disclaimer serves as Client informed consent to communicate with Attorney and/or service providers via cellular telephones should the need arise.

18. Client further acknowledges that Attorney advised Client that sending unencrypted email can violate attorney-client privilege as it involves the potential risk of interception of client confidences. Client signature in this disclaimer serves as Client informed consent to communicate with Attorney and/or service providers via email.

19. Attorney has advised Client that some electronic documents will be stored outside of his office on a secured SSL 128 bit encrypted storage facility. Client signature in this disclaimer serves as Client informed consent to the storage of Client personally identifiable electronic data in a secure SSL 128 bit encrypted online storage facility.

Dated: September 26, 2016



\_\_\_\_\_  
Client Signature



\_\_\_\_\_  
Client Spouse Signature

Rosa M. Pazcaballero

Client Printed Name

David Pazcaballero

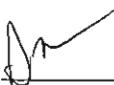
Client Spouse Printed Name

\_\_\_\_\_  
Attorney at Law

Client Initial Here



Client Initial Here



**United States Bankruptcy Court  
Northern District of Illinois**

In re **David PazCaballero  
Rosa Maria PazCaballero**

Debtor(s)

Case No.

Chapter

**7**

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors: **164**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **April 7, 2017**

**/s/ David PazCaballero**

**David PazCaballero**

Signature of Debtor

Date: **April 7, 2017**

**/s/ Rosa Maria PazCaballero**

**Rosa Maria PazCaballero**

Signature of Debtor

Abode Systems Incorporated  
75 Remittance Drive, Suite 1025  
Chicago, IL 60675-1025

Account Control Technology, Inc.  
5531 Business Park South  
Suite 100 Dept. 1635041-18C  
Bakersfield, CA 93389-1750

Afni  
P.O. Box 3517  
Bloomington, IL 61702

Afni, Inc  
1310 MLK Drive  
PO Box 3517  
Bloomington, IL 61702

All Seasons Landscaping Inc  
2057 W. Evergreen  
Chicago, IL 60622

Alltran Education Inc  
840 S Frontage Rd  
Woodridge, IL 60517

American Profit Recovery  
34405 W. 12 Mile Road, Suite 379  
Farmington, MI 48331

AmeriCredit/GM Financial  
PO Box 183853  
Arlington, TX 76096

AmeriCredit/GM Financial  
PO Box 181145  
Arlington, TX 76096

Armor Systems Corporation  
1700 Kiefer Drive, Suite 1  
Zion, IL 60099

Arnold Scott Harris, P.C  
111 West Jackson Boulevard, Suite 600  
Chicago, IL 60604

At & T  
Po Box 5080  
Carol Stream, IL 60197-5080

Athletic and Therapeutic Institute  
4947 Payshere Circle  
Chicago, IL 60674

ATI Physical Therapy  
790 Remington Boulevard  
Bolingbrook, IL 60440

Banfield PetHospital - Corp Headquarters  
8000 NE Tillamook  
PO Box 13998  
Portland, OR 97213

Bank Card Services  
Po Box 4477  
Beaverton, OR 97076-4477

Capital One  
Attn: General Correspondence/Bankruptcy  
PO Box 30285  
Salt Lake City, UT 84130

Capital One  
15000 Capital One Drive  
Richmond, VA 23238

Capital One  
15000 Capital One Dr  
Richmond, VA 23238

Capital One Bank  
Attb: Bankruptcy Dept.  
PO Box 30285  
Salt Lake City, UT 84130

Career Education Corporation  
231 N. Martingale Road, Suite 100  
Schaumburg, IL 60173

Cbe Group  
Attn: Bankruptcy  
PO Box 900  
Waterloo, IA 50704

CBE Group  
1309 Technology Parkway  
Cedar Falls, IA 50613

Cbe Group  
1309 Technology Pkwy  
Cedar Falls, IA 50613

Charter One Bank  
10035 Grand Avenue  
Franklin Park, IL 60131

Children BOMC  
PO Box 916400  
Rantoul, IL 61866

Circuit Court of Cook County  
Case # 09M1-145927  
50 W. Washington St., Room 601  
Chicago, IL 60602

City of Berwyn  
PO Box 7723  
Carol Stream, IL 60197

City of Chicago  
Department of Finance  
33589 Treasury Center  
Chicago, IL 60694

City of Chicago (Traffic Violations)  
121 North LaSalle Street  
Chicago, IL 60602

City of Chicago Dept of Law  
PO Box 82292  
Chicago, IL 60680

City of Rolling Meadows  
3600 Kirchoff Road  
Rolling Meadows, IL 60008

Colfax Capital Corporation  
fka Rome Finance Company, Inc.  
PO Box 1597  
Lawrenceville, GA 30046

College of DuPage  
Financial Affairs  
425 Fawell Blvd.  
Glen Ellyn, IL 60137

Comcast  
One Comcast Center  
Philadelphia, PA 19103

Comed  
Po Box 6111  
Carol Stream, IL 60197

Commonwealth Edison Co  
3 Lincoln Center  
Attn: BK Section  
Villa Park, IL 60181

ConServe  
200 CrossKeys Office Park  
Fairport, NY 14450

Convergent Outsourcing, Inc  
10750 Hammerly Blvd #200  
Houston, TX 77043

Convergent Outsourcing, Inc  
800 SW 39th Street  
PO Box 9004  
Renton, WA 98057

Credit Management, LP  
4200 International Pkwy  
Carrollton, TX 75007

Credit One Bank Na  
PO Box 98873  
Las Vegas, NV 89193

Credit One Bank Na  
Po Box 98875  
Las Vegas, NV 89193

Department of the Treasury  
Internal Revenue Service  
P.O. Box 7346  
Philadelphia, PA 19101-7346

Dept Of Ed/Navient  
Attn: Claims Dept  
P.O. Box 9635  
Wilkes Barr, PA 18773

Dept Of Ed/Navient  
PO Box 9635  
Wilkes Barre, PA 18773

Diane Lukasik  
1S210 Radford  
Villa Park, IL 60181

Direct Loan Services System  
PO Box 5609  
Greenville, TX 75403

Direct TV  
PO Box 69  
Columbus, OH 43216

Direct TV  
Corporate Office  
PO Box 6550  
Englewood, CO 80155

Dish Network  
9601 S. Meridian Boulevard  
Englewood, CO 80112

Diversified Consultant  
Dci  
PO Box 551268  
Jacksonville, FL 32255

Diversified Consultant  
10550 Deerwood Park Blvd  
Jacksonville, FL 32256

Diversified Consultants Inc.  
PO Box 1117  
Charlotte, NC 28201

Dupage County Treasurer  
421 N. County Farm Road  
Wheaton, IL 60187

Electrostim Med Services Inc  
3504 Cragmont Drive Suite 100  
Tampa, FL 33619

Elmhurst Radiologists  
PO Box 1035  
Bedford Park, IL 60499

Elmhurt Memorial Hospital  
28930 Network Place  
Chicago, IL 60673

Enhanced Recovery Co  
8014 Bayberry Road  
Jacksonville, FL 32256

Enterprise  
201 W. Madison Street, FL3  
Chicago, IL 60606

Enterprise Recovery Systems, Inc  
2000 York Road, Suite 114  
Oak Brook, IL 60523

Enterprise Recovery Systems, Inc.  
2400 South Wolf Road  
Westchester, IL 60154

ERC/Enhanced Recovery Corp  
8014 Bayberry Rd  
Jacksonville, FL 32256

Fenton and McGarvey Law Firm, PSC  
2401 Stanley Gault Parkway  
Louisville, KY 40223

Fingerhut  
6250 Ridgwood Road  
Saint Cloud, MN 56303

First National Collection Bureau  
610 Waltham Way  
Sparks, NV 89434

First Premier Bank  
601 South Minnesota Avenue  
Sioux Falls, SD 57104

Flagg Creek Water Reclamation District  
7001 North Frontage Road  
Burr Ridge, IL 60527

FMS Financial Solutions  
9001 Edmonston Rd., Ste 20  
Greenbelt, MD 20770

Futre Financ  
15859 S Ridgeland  
Oak Forest, IL 60452

GAFCO  
20 N. Wacker Drive, Ste 2275  
Chicago, IL 60606

Galaxay Asset Purchasing, LLC  
10750 Hammerly Blvd #200  
Las Vegas, NV 89109

Garcia Auto Repair  
639 Morse  
Schaumburg, IL 60193

Gina Nuccio DPM  
1001 E. Wilson St. Suite 180  
Batavia, IL 60510

Great American Finance  
20 N Wacker Dr Ste 2275  
Chicago, IL 60606

Great American Finance Company  
Attn: Bankruptcy  
20 N Wacker Dr. Suite 2275  
Chicago, IL 60606

Great American Finance/Value City Furnit  
20 N. Wacker, Suite 2275  
Chicago, IL 60606

Harris & Harris , Ltd.  
222 Merchandise Mart Plaza, Suite 1900  
Chicago, IL 60654

Harvard Collection Services, Inc.  
4839 N. Elston Avenue  
Chicago, IL 60630

HealthCare Clinic at Walgreens  
16760 Collections Center Drive  
Chicago, IL 60693

Helvy and Associates, Inc  
1015 East Center Street  
Warsaw, IN 46580

Holy Cross Hospital  
2701 W. 68th Street  
Chicago, IL 60629

IC Systems, Inc  
444 Highway 96 East  
St Paul, MN 55127

IC Systems, Inc  
PO Box 64378  
Saint Paul, MN 55164

Illinois Department of Revenue  
Bankruptcy Section  
PO Box 64338  
Chicago, IL 60664-0338

Illinois Tollway Authority  
2700 Ogden Avenue  
Downers Grove, IL 60515

International Academy of Design and Tech  
1 North State Street, Suite 500  
Chicago, IL 60602

Jefferson Capital Systems  
Po Box 953185  
Saint Louis, MO 63195

Jefferson Capital Systems, LLC  
16 Mcleland Rd  
Saint Cloud, MN 56303

Jeremy W. Katz  
930 Montgomery Street, 6th Floor  
San Francisco, CA 94133

KinderCare Learning Centers  
Attn: Collections Department  
P.O. Box 6760  
Portland, OR 97228

Law Offices of Curtis O. Barnes, PC  
PO Box 1390  
Anaheim, CA 92815

Lewis University  
One University Parkway  
Romeoville, IL 60446

Linebarger Gogga Blair & Sampson, LLP  
900 Arion Parkway, Suite 104  
San Antonio, TX 78216

Linebarger Goggin Blair & Sampson  
Po Box 06140  
Chicago, IL 60606

LVNV Funding LLC  
PO Box 10497  
Greenville, SC 29603

Mason Easy Pay  
PO BOX 2808  
Monroe, WI 53566

Mattress Overstock  
1208 East Roosevelt Road  
Lombard, IL 60148

McKesson Corporation  
19 Mollison Way  
Lewiston, ME 04240

Metro Self- Storage- Cicero- Roosevelt  
5525 W. Roosevelt Road  
Cicero, IL 60804

Metro Service Center  
PO Box 550460  
Dallas, TX 75355

Microsoft Corporation  
One Microsoft Way  
Redmond, WA 98052

Midwest Imaging Professionals  
PO Box 371863  
Pittsburgh, PA 15250

National Collection Agency  
2269 S. Saw Mill River Road  
Building 3  
Elmsford, NY 10523

Nations Recovery Center, Inc.  
6491 Peachtree Industrial Blvd.  
Atlanta, GA 30360

Navient  
Attn: Bankruptcy  
PO Box 9500  
Wilkes-Barr, PA 18773

Navient  
PO Box 9500  
Wilkes Barre, PA 18773

NCO Financial  
507 Prudential Road  
Horsham, PA 19044

NCO Financial System  
507 Prudential Road  
Horsham, PA 19044

Nicor Gas  
1844 Ferry Road  
Naperville, IL 60563

North Shore Agency  
4000 East Fifth Ave  
Columbus, OH 43219

Northwestern College  
4811 N. Milwaukee Ave  
Chicago, IL 60630

Oak Brook X- Ray and Imaging, Inc.  
2425 W. 22nd Street  
Oak Brook, IL 60523

Plaza Recovery, Inc  
P.O. Box 722218  
Houston, TX 77272

PLS Finacial Solutions of Illinois, Inc  
17W625 Roosevelt Road  
Oak Brook Terrace, IL 60181

PLS Financial Solutions of Illinois  
3908 Harlem Ave  
Lyons, IL 60534

PLS Financial Solutions of Illinois, Inc  
f/k/a The Payday Loan of Illinois Inc  
800 Jorie Blvd 2nd Floor  
Oak Brook, IL 60523

Portfolio Recovery Associates, LLC  
PO Box 12914  
Norfolk, VA 23541

Presence Health  
1643 Lewis Avenue  
Suite 203  
Billings, MT 59102

Presence Health  
62314 Collections Center Drive  
Chicago, IL 60693

Presence Health  
621 17th Street, Suite 1800  
Denver, CO 80293

Private Internet Access  
2885 Sanford Avenue. SW, Suite 20138  
Grandville, MI 49418

Professional Account Management, LLC  
PO Box 1022  
Wixom, MI 48393

Professional Recovery Consultants  
2700 Meridian Parkway  
Suite 200  
Durham, NC 27713

Progressive Direct  
PO Box 31260  
Tampa, FL 33631

Progressive Insurance  
4333 Transworld Road  
Schiller Park, IL 60176

Prudential  
PO Box 7390  
Philadelphia, PA 19176

Public Storage  
5829 W. Ogden Avenue  
Cicero, IL 60804

Public Storage  
1100 E Roosevelt Rd  
Lombard, IL 60148

QSP Reader's Digest  
Attn: Food Product Division  
13970 Collection Center Drive  
Chicago, IL 60693

Quest Diagnostics  
PO Box 740397  
Cincinnati, OH 45274-0397

Resurrection Health Care  
62314 Collection Center Drive  
Chicago, IL 60693

Resurrection Health Care  
7435 West Talcott Avenue  
Chicago, IL 60631

Retrieval Masters Creditors Bueau, Inc.  
4 Westchester Plaza, #110  
Elmsford, NY 10523

Rosalba Urbina  
5340 S Campbell Ave  
Chicago, IL 60632

Rosin Eyecare  
PO Box 221  
Berwyn, IL 60402

Sallie Mae  
Attn: Claims Dept  
Po Box 9500  
Wilkes Barre, PA 18773

Savvier Direct  
7850 Ruffner Avenue  
Van Nuys, CA 91406

Scott Lawn Service  
P.O Box 742585  
Cincinnati, OH 45274

Smile More Dental LLC  
432 E. Roosevelt Road  
Lombard, IL 60148

Sprint  
6391 Sprint Parkway  
Overland Park, KS 66251

State of Illinois  
c/o Attorney General  
100 W. Randolph Street, 13th Floor  
Chicago, IL 60602

Stellar Recovery, Inc  
1327 Highway 2 West  
Suite 100  
Kalispell, MT 59901

Stroger Neonatology  
LockBox 2531 Paysphere Circle  
Chicago, IL 60674

Target Corporation  
PO Box 038994  
Tuscaloosa, AL 35403

Tfc Credit  
2010 Crow Canyon Place Suite 300  
San Ramon, CA 94583

Tfc Credit  
2010 Crow Canyon Place  
San Ramon, CA 94583

TFC Credit Corporation  
Re: Northwestern College  
PO Box 579  
San Ramon, CA 94583-0579

Transworld Systems Inc.  
507 Prudential Road  
Horsham, PA 19044

Tri State Financial  
PO Box 2520  
Wilkes Barre, PA 18703

TRS Recovery Services, Inc.  
5251 Wesstheimer  
Houston, TX 77056

U.S. Cellular  
Dept 0203  
Palatine, IL 60055

University of Illinois Medical Center  
PO Box 12199  
Chicago, IL 60612

University of Illinois at Chicago  
801 S. Paulina  
M/C 621 - Billing and Collections  
Chicago, IL 60612

University Of Illinois Hospital  
PO Box 12199  
Suite 173  
Chicago, IL 60612

US Department of Education  
400 Maryland Avenue, SW  
Washington, DC 20202

Us Dept Ed  
Ecmc/Bankruptcy  
PO Box 16408  
St Paul, MN 55116

Us Dept Ed  
PO Box 4222  
Iowa City, IA 52244

Van Ru Credit Corp  
11745 W. Bradley Road  
Milwaukee, WI 53224

Verizon Wireless  
1 Verizon Place  
Alpharetta, GA 30004

Village of North Riverside  
Po Box 7641  
Carol Stream, IL 60197

Village Of Schaumburg  
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